



EMPLOYEE BENEFITS GUIDE 2025

PLAN YEAR:

JANUARY 1, 2025 - DECEMBER 31, 2025



WINSTON-SALEM/FORSYTH COUNTY SCHOOLS



EMPLOYEE BENEFITS GUIDE

TABLE OF CONTENTS

Welcome to Winston-Salem/Forsyth County Schools' comprehensive benefits program. This guide highlights the benefits offered to all eligible employees for the plan year listed below. Benefits described in this guide are voluntary, employee-paid benefits unless otherwise noted.

ENROLLMENT DATES:

August 12, 2024 - November 8, 2024

PLAN YEAR & EFFECTIVE DATES:

February 1, 2025 - January 31, 2026
(GROUP TERM LIFE)

January 1, 2025 - December 31, 2025
(ALL OTHER BENEFITS)

IMPORTANT NOTE & DISCLAIMER

This is neither an insurance contract nor a Summary Plan Description and only the actual policy provisions will prevail.



All information in this guide, including premiums quoted, is subject to change.



All policy descriptions are for informational purposes only. Your actual policies may be different than those in this guide.

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**for informational purposes only

Rev. 8/2/2024



IMPORTANT CONTACT INFORMATION

	Carrier	Phone Number	Fax Number	Website
Flexible Spending Accounts	Ameriflex	888-868-3539	-	www.myameriflex.com
Dental Insurance	Ameritas	800-487-5553	-	www.ameritas.com/sign-in
Vision Insurance	EyeMed Vision	1-866-804-0982	-	www.eyemed.com
Group Term Life Insurance	The Standard	1-800-628-8600	1-503-321-8751	www.thestandard.com
Long Term Disability Benefits	Sun Life	1-800-247-6875	563-242-0184	www.sunlife.com/us
Long Term Care Benefits	CHUBB	1-833-542-2013	-	chubbworkplacebenefits.com
Student Loan Assistance Program	GradFin	(844) 472-3346	-	www.gradfin.com
To View Your Benefits Online	Pierce Group Benefits	1-888-662-7500	984-225-2605	www.PierceGroupBenefits.com/WinstonSalemForsythCountySchools
Supplemental Benefits	Colonial Life	Customer Service & Wellness Screenings 1-800-325-4368 TDD For Hearing Impaired Customers 1-800-798-4040	1-800-880-9325	www.coloniallife.com



ELIGIBILITY REQUIREMENTS



CURRENT EMPLOYEE?



OPEN ENROLLMENT DATES:

August 12, 2024 - November 8, 2024

PLAN YEAR & EFFECTIVE DATES:

February 1, 2025 - January 31, 2026
(GROUP TERM LIFE)

January 1, 2025 - December 31, 2025
(ALL OTHER BENEFITS)

ELIGIBILITY

- Employees must work 30 hours or more per week to be eligible to participate in Group Term Life Insurance.
- Employees must work 20 hours per week to participate in all other benefits.



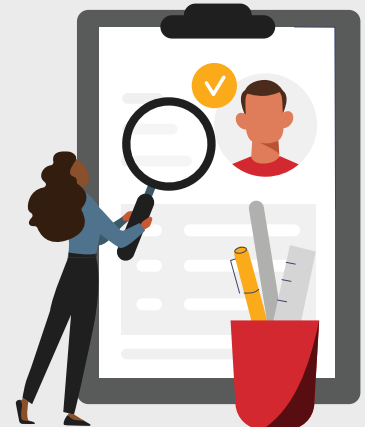
NEW HIRE?

Congratulations on your new employment! Your employment means more than just a paycheck. Your employer also provides eligible employees with a valuable benefits package. Above you will find eligibility requirements and below you will find information about how to enroll in these benefits as a new employee.

Vision, Dental, and Group Term Life - Please contact your Benefits Department within 30 days of your date of hire.

All Other Benefits - You are eligible to enroll during the next Open Enrollment. Please reach out to your Benefits Department for more information.

Be sure to also review your group's custom benefits website, that allows for easy, year-round access to benefit information, live chat support, benefit explainer videos, plan certificates and documents, and carrier contacts and forms.



www.PierceGroupBenefits.com/WinstonSalemForsythCountySchools



OVERVIEW OF BENEFITS

PRE – TAX BENEFITS



Flexible Spending Accounts

Ameriflex

- Medical Reimbursement: \$3,200/year Max
 - Dependent Care Reimbursement: \$5,000/year Max
- *You will need to re-enroll in the Flexible Spending Accounts if you want them to continue next year.

If you do not re-enroll, your contribution will stop effective December 31, 2024.



Dental Insurance

Ameritas Dental



Vision Insurance

EyeMed Vision



Cancer Benefits

Colonial Life



Accident Benefits

Colonial Life



Medical Bridge Benefits

Colonial Life



Critical Illness Benefits

Colonial Life

POST – TAX BENEFITS



Short-Term Disability Benefits

Colonial Life



Long-Term Disability Benefits

Sun Life



Long Term Care Benefits

Long Term Care Benefits



Group Term Life Insurance

The Standard



Life Insurance

Colonial Life

- Term Life Insurance
- Whole Life Insurance

ADDITIONAL BENEFITS



Student Loan Assistance Program

GradFin

Please note your insurance products will remain in effect unless you speak with a representative to change them.



IMPORTANT NOTICES

When do my benefits start? The plan year for Ameriflex Spending Accounts, Ameritas Dental Insurance, EyeMed Vision Insurance, Sun Life Long Term Disability Benefits, CHUBB Long Term Care Benefits, and Colonial Life Insurance Products runs from January 1, 2025 through December 31, 2025. The plan year for The Standard Group Term Life Insurance runs from February 1, 2025 - January 31, 2025. Please Note: Dental benefits are based on the Calendar Year, running from January 1st through December 31st. Dental benefits and deductibles will reset every January 1st.

When do my deductions start? Deductions for Ameritas Dental Insurance start December 2024 for enrolled employees. Deductions for Ameriflex Spending Accounts, EyeMed Vision Insurance, Sun Life Long Term Disability Benefits, CHUBB Long Term Care Benefits, and Colonial Life Insurance Products start January 2025 for enrolled employees. Deductions for The Standard Group Term Life Insurance start February 2025 for enrolled employees.

Why have my Cancer, Accident, or Medical Bridge benefits not started yet? The Colonial Cancer plan and the Health Screening Rider on the Colonial Accident and Colonial Medical Bridge plan have a 30-day waiting period for new enrollees. Coverage, therefore, will not begin until **January 31, 2025**.

How do Flexible Spending Account (FSA) funds work, and do my FSA funds have to be used by a specific deadline? Flexible Spending Account expenses must be incurred during the plan year to be eligible for reimbursement. After the plan year ends, an employee has 3 months to submit claims for incurred qualified spending account expenses (or 3 months after employment termination date). If employment is terminated before the plan year ends, the spending account also ends. Failure to use all allotted funds in the FSA account will result in a "Use It or Lose It" scenario. Your plan also includes a rollover provision! This means that if you have money left in your FSA at the end of the plan year, you can carryover up to \$640 into the next plan year. Any remaining funds beyond \$640 is forfeited under the "Use It or Lose It" rule.

My spouse is enrolled in an Health Savings Account (HSA), am I eligible for an FSA? As a married couple, one spouse cannot be enrolled in a Medical Reimbursement FSA at the same time the other opens or contributes to an HSA.

How do Dependent Care Account (DCA) funds work and when do they need to be used? Dependent Care Accounts are like FSA accounts and allow you to request reimbursement up to your current balance. However, you cannot receive more reimbursement than what has been deducted from your pay. It's important to note that any remaining funds in your DCA account must be utilized before the deadline. Failure to use all allotted funds in the DCA account will result in a "Use It or Lose It" scenario.

When will I get my card? If you will be receiving a new debit card, whether you are a new participant or to replace your expired card, please be aware that it may take up to 30 days following your plan effective date for your card to arrive. Your card will be delivered by mail in a plain white envelope. During this time you may use manual claim forms for eligible expenses. Please note that your debit card is good through the expiration date printed on the card.

I want to sign my family up for benefits as well, what information will I need? If signing up for any coverage on your spouse and/or children, please have their dates of birth and social security numbers available when speaking with the Benefits Representative.

What is the difference between pre and post-tax benefits? Pre-tax benefit contributions are taken from an employee's paycheck before state and federal taxes are applied. Post-tax benefit contributions are paid after taxes are deducted. It's important to note that some coverages may still be subject to taxes even if paid for through pre-tax deduction or employee contribution.

Can I change my benefit elections outside of the enrollment period? Elections made during this enrollment period CANNOT BE CHANGED AFTER THE ENROLLMENT PERIOD. Please speak with your Plan Administrator for more information.

I have a pre-existing condition. Will I still be covered? Some policies may include a pre-existing condition clause. Please read your policy carefully for full details.



ENROLLMENT INFORMATION

ONLINE & IN-PERSON

During your open enrollment period, a PGB Benefits Representative will be available by appointment to meet with you one-on-one to help you evaluate your benefits based on your individual and family needs, answer any questions you may have, and assist you in the enrollment process. If you prefer, you may also self-enroll online following the instructions on the next page of this guide.



OPEN ENROLLMENT PERIOD:

AUGUST 12, 2024 - NOVEMBER 8, 2024

BENEFIT ELECTION OPTIONS

YOU CAN MAKE THE FOLLOWING BENEFIT ELECTIONS DURING THE OPEN ENROLLMENT PERIOD:

- Enroll/Re-Enroll in Flexible Spending Accounts.*
- Enroll in, change, or cancel Dental Insurance.
- Enroll in, change, or cancel Vision Insurance.
- Enroll in, change, or cancel Group Term Life Insurance.
- Enroll in, change, or cancel Long-Term Disability Insurance.
- Enroll in, change, or cancel Long-Term Care Benefits.
- Enroll in, change, or cancel Colonial coverage.

***You will need to re-enroll in the Flexible Spending Accounts if you want them to continue each year.**

ACCESS YOUR BENEFIT OPTIONS WHENEVER. WHEREVER



You can view details about what benefits your employer offers, view educational videos about all of your benefits, download forms, chat with one of our knowledgeable Service Center Specialists, and more on your personalized benefits website. To view your custom benefits website, visit:

www.PierceGroupBenefits.com/WinstonSalemForsythCountySchools



BEN SELECT ENROLLMENT INSTRUCTIONS



Below is a series of instructions outlining the enrollment process. Please have the following information available before you begin:

- Username, password, and enrollment website URL from this page
- Social security numbers of the spouse or any dependents you wish to enroll
- Dates of birth for the spouse and any dependents you wish to enroll
- Beneficiary names and social security numbers

HELPFUL TIPS :

- If you are a new employee, please refer to the New Hire information on the Eligibility Requirements page of this guide or contact the Pierce Group Benefits Service Center at 888-662-7500 between 8:30am and 5:00pm for assistance.
- If you are an existing employee and unable to log into the online system, please contact the Pierce Group Benefits Service Center at 888-662-7500, or speak with the Benefits Representative assigned to your location.

1. LOGGING IN

Enter your User Name: **Social Security Number** with or without dashes (ex. **123-45-6789** or **123456789**)

Enter your Password: **Last 4 numbers of your Social Security Number** followed by **last 2 numbers of your Date of Birth year** (ex. **678970**)

To login, visit: harmony.benselect.com/WSFCS



2. NEW PIN

The screen prompts you to create a NEW PIN.



5. SAVE NEW PIN

Click on 'Save New PIN' to continue to the enrollment welcome screen.



3. SECURITY QUESTIONS

Choose a security question and enter answer.



6. CLICK NEXT

From the welcome screen click "Next".



4. CONFIRM

Confirm (or enter) an email address.



7. PERSONAL INFORMATION

The screen shows 'Personal Information'. Verify that the information is correct and enter the additional required information (marital status, work phone, e-mail address). **Click 'Next'**.





BEN SELECT ENROLLMENT INSTRUCTIONS



8. ADDING FAMILY MEMBER

The screen allows you to add family members. It is only necessary to enter family member information if adding or including family members in your coverage. Click 'Next'.



9. BENEFIT SUMMARY

The screen shows **'Benefit Summary'**. Review your current benefits and make changes, and selections for the upcoming plan year.



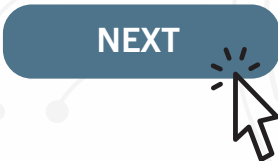
10. SIGN & SUBMIT

Click **'Sign & Submit'** once you have decided which benefits to enroll in.



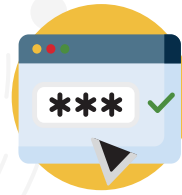
11. REVIEW

Review your coverage. If any items are **'Pending'**, you will need to decide whether to enroll or decline this benefit.



12. NEXT

Click **'Next'** to review and electronically sign the authorization for your benefit elections.



13. SIGN FORM

Review the confirmation, then if you are satisfied with your elections, enter your PIN and click **'Sign Form'**.



13. DOWNLOAD & PRINT

Click **'Download & Print'** to print a copy of your elections, or download and save the document. **Please do not forget this important step!** Click **'Log Out'**.

Click on the video below to learn more about Flexible Spending Accounts!



FLEXIBLE SPENDING ACCOUNT



Flexible Spending Account

An account for setting aside tax-free money for healthcare expenses

Use the below information to determine if a Flexible Spending Account (FSA) is right for you and how to best take advantage of an FSA account.

How It Works

When you enroll in a Flexible Spending Account (FSA) you get to experience tax savings on qualified expenses such as copays, deductibles, prescriptions, over-the-counter drugs and medications, and thousands of other everyday items.

Can I have an FSA and an HSA?

You can't contribute to an FSA and HSA within the same plan year. However, you can contribute to an HSA and a limited purpose FSA, which only covers dental and vision expenses.

As per IRS Publication 969, an employee covered by an HDHP and a health FSA or an HRA that pays or reimburses qualified medical expenses generally can't make contributions to an HSA. An employee is also not HSA-eligible during an FSA Grace Period. An employee enrolled in a Limited Purpose FSA is HSA-eligible.

As a married couple, one spouse cannot be enrolled in an FSA at the same time the other is contributing to an HSA. FSA coverage extends tax benefits to family members allowing the FSA holder to be reimbursed for medical expenses for themselves, their spouse, and their dependents.

The Value & Perks

- **Election Accessibility:** You will have access to your entire election on the first day of the plan year.
- **Save On Eligible Expenses:** You can save up to 40% on thousands of eligible everyday expenses such as prescriptions, doctor's visits, dental services, glasses, over-the-counter medicines, and copays.
- **Keep More Money:** The funds are taken out of your paycheck "pre-tax" (meaning they are subtracted from your gross earnings before taxes) throughout the course of the year. Let's say you earn \$40,000 a year and contribute \$1,500 to an FSA; so, only \$38,500 of your income gets taxed. That means you are increasing your take-home pay simply by participating!
- **Easy Spending and Account Management:** You will receive an Ameriflex Debit Mastercard linked to your FSA. You can use your card for eligible purchases everywhere Mastercard is accepted. Account information can be securely accessed 24/7 online and through the mobile app.

Eligible FSA Expenses

The IRS determines what expenses are eligible under an FSA. Below are some examples of common eligible expenses.



Copays, deductibles, and other payments you are responsible for under your health plan.



Routine exams, dental care, prescription drugs, eye care, hearing aids, etc.



Prescription glasses and sunglasses, contact lenses and solution, LASIK, and eye exams.



Certain OTC expenses such as Band-aids, medicine, First Aid supplies, etc. (prescription required).



Diabetic equipment and supplies, durable medical equipment, and qualified medical products or services.

For a full list of eligible expenses, go to myameriflex.com/eligibleexpenses.

The “Use-or-Lose” Rule

If you contribute dollars to a reimbursement account and do not use all the money you deposit, you will lose any remaining balance in the account at the end of the eligible claims period. This rule, established by the IRS as a component of tax-advantaged plans, is referred to as the “use-or-lose” rule.

To avoid losing any of the funds you contribute to your FSA, it’s important to plan ahead as much as possible to estimate what your expenditures will be in a given plan year.

Modification to the Health FSA “Use-or-Lose” Rule:

- FSA plan participants should note that up to \$640 of any unused funds from the current plan year will be rolled over into your FSA balance for the new plan year.
- The rollover modification applies to Health FSA plans only (and not to other types of FSA plans such as dependent care).
- The rollover does not affect the maximum contribution amount for the new plan year. In other words, even if you roll over the entire \$640 from the previous plan year, you may still elect up to the maximum contribution limit allowed under your employer’s plan.



THE FSA STORE

THE FSA STORE : FLEX SPENDING WITH ZERO GUESSWORK Your Health, Your Funds, Your Choice

Take control of your health and wellness with guaranteed FSA-eligible essentials. Pierce Group Benefits partners with the FSA store to provide one convenient location for Flexible Spending Account holders to manage and use their FSA funds, and save on more than 4,000 health and wellness products using tax-free health money. Through our partnership, we're also here to help answer the many questions that come along with having a Flexible Spending Account!



- The largest selection of guaranteed FSA-eligible products
- Phone and live chat support available 24 hours a day / 7 days a week
- Fast and free shipping on orders over \$50
- Use your FSA card or any other major credit card for purchases

Other Great FSA store Resources Available To You:

- Eligibility List: A comprehensive list of eligible products and services.
- FSA Calculator: Estimate how much you can save with an FSA.
- Learning Center: Easy tips and resources for living with an FSA.
- Savings Center: Where you can save even more on FSA-eligible essentials: Take your health and funds further with the FSAstore rewards program.

Shop FSA Eligible Products
Through Our Partnership with
The FSA Store!

BONUS: Get \$20 off any
order of \$150+ with code

PGB20FSA

(one use per customer)



Click on the video below to learn more about Dependent Care Accounts!



DEPENDENT CARE ACCOUNT



Dependent Care Account

Set aside tax-free money for daycare and dependent care services

Use the below information to determine if a Dependent Care Account (DCA) is right for you and how to best take advantage of an DCA account.

How It Works

When you enroll in a Dependent Care Account (DCA) you get to experience tax savings on expenses like daycare, elderly care, summer day camp, preschool, and other services that allow you to work full time.

The Value & Perks

- **Save On Eligible Expenses:** You can use a DCA to pay for qualifying expenses such as daycare, summer day care, elder care, before and after school programs, and pre-school.
- **Keep More Money:** The funds are taken out of your paycheck "pre-tax" (meaning they are subtracted from your gross earnings before taxes) throughout the course of the year. Let's say you earn \$40,000 a year and contribute \$1,500 to an DCA; so, only \$38,500 of your income gets taxed. That means you are increasing your take-home pay simply by participating!
- **Easy Spending and Account Management:** You will receive an Ameriflex Debit Mastercard linked to your DCA. You can use your card for eligible purchases everywhere Mastercard is accepted. Account information can be securely accessed 24/7 online and through the mobile app.

Eligible DCA Expenses

The IRS determines what expenses are eligible under a DCA. Below are some examples of common eligible expenses:



Private sitter



Daycare and elder care



Summer day camp



Before- and after-school care



Nanny service



Nursery school & Pre-school

For a full list of eligible expenses, go to myameriflex.com/eligibleexpenses.

Online Account Instructions

How to Access Your Ameriflex Account:

Go to MyAmeriflex.com and click "Login" from the upper right hand corner. When prompted, select "Participant."

How to Register Online For Your Ameriflex Spending Account:

Click the register button atop the right corner of the home screen.

1. As the primary account holder, enter your personal information.

- Choose a unique User ID and create a password (if you are told that your username is invalid or already taken, you must select another).
- Enter your first and last name.
- Enter your email address.
- Enter your Employee ID, which in most cases, will be the account holder's Social Security Number(no dashes or spaces needed).

2. Check the box if you accept the terms of use.

3. Click 'register'. This process may take a few seconds. Do not click your browser's back button or refresh the page.

4. Last, you must complete your Secure Authentication setup. Implemented to protect your privacy and help us prevent fraudulent activity, setup is quick and easy. After the registration form is successfully completed, you will be prompted to complete the secure authentication setup process:

Step 1: Select a Security Question option, and type in a corresponding answer.

Step 2: Repeat for the following three Security Questions, then click next.

Step 3: Verify your email address, and then click next.

Step 4: Verify and submit setup information,

5. The registration process is complete! Should you receive an information error message that does not easily guide you through the information correction process, please feel free to contact our dedicated Member Services Team at 888.868.FLEX (3539).

Want to Manage Your Account on the go?

Download the MyAmeriflex mobile app, available through the [App Store](#) or [Google Play](#).

Your credentials for the MyAmeriflex Portal and the MyAmeriflex Mobile App are the same; there is no need for separate login information!

Click on the video below to learn more
about Dental Insurance!



**DENTAL
INSURANCE**



Plan Benefit	
Type 1 - Preventive	70-80-90-100%
Type 2 - Basic	70%
Type 3 - Major	50%
Deductible	\$50 Lifetime Types 1 & 2 \$50/Calendar Year Type 3
Maximum (per person)	\$1,000 per calendar year
Allowance	90th U&C
Annual Open Enrollment	Yes

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1 - Preventive	Type 2 - Basic	Type 3 - Major
<ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (2 per benefit period) Full Mouth/Panoramic X-rays (1 in 3 years) Periapical X-rays Cleaning (2 per benefit period) Fluoride for Children 18 and under (1 per benefit period) Space Maintainers 	<ul style="list-style-type: none"> Sealants (age 16 and under) Restorative Amalgams Restorative Composites Endodontics (nonsurgical & surgical) Periodontics (nonsurgical & surgical) Denture Repair Extractions (simple & complex) Anesthesia (with cutting procedures) 	<ul style="list-style-type: none"> Onlays Crowns (1 in 5 years per tooth) Crown Repair Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)

12 Month Rates (employee rates)	(Full-Time)	(Part-Time)
Employee Only	\$0.00	\$26.23
Employee + Family	\$70.19	\$96.42

10 Month Rates (employee rates)	(Full-Time)	(Part-Time)
Employee Only (EE)	\$0.00	\$31.48
EE + Family	\$84.23	\$115.70

We're Here to Help

This plan was designed specifically for the associates of **WINSTON-SALEM/FORSYTH COUNTY SCHOOLS**. At Ameritas, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: **800-487-5553**. For plan information any time, access our automated voice response system, go online to Explore.Ameritas.com/WSFCS or the [Ameritas Benefits](#) app.

Dental Network Information

To find a provider, visit ameritas.com and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553.

Incentive Coinsurance (Type 1- Preventive)

Plans with coinsurance levels that progressively increase are designed to reward your loyal employees: The longer they stay on the plan, the higher their coinsurance. If plan members have at least one dental claim submitted each benefit period, they continue to advance one coinsurance level until they reach the plan's highest benefit level (100%). If a plan member fails to have at least one dental claim submitted during any benefit year, he or she will revert to the beginning coinsurance benefit (70%). If that happens, members can progress back to higher coinsurance levels in subsequent years by submitting at least one dental claim each benefit year.

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Easily Manage Your Dental Benefits

Here's what you can do now to get the most from your plan.



Create your secure online member account today

- 1 Go online**
Visit ameritas.com/sign-in and select 'Member Sign In' under 'Dental, Vision & Hearing.'
- 2 Register**
Under first-time users, select 'Register Now' and complete the form. Log into your new account and complete the verification process.
- 3 Authenticate**
Provide the personal information used at enrollment including name, date of birth and ZIP Code. Mark if you are the insured member and enter your member ID.

Due to HIPAA regulations, only the primary member/policyholder has full account access. Learn more about [access levels](#).

Go paperless. Sign up to receive your explanation of benefits (EOB) statements online. To receive electronic EOBs instead of paper statements, select the go paperless option once you are logged in or when setting up your member account.

Member account to-do list:



Print out or save your **ID card** to your smartphone



Review your **plan details** including maximum benefit, deductible amounts and your remaining benefits



Check if your current provider is part of the **Ameritas Dental Network**



Locate your **claims status** page so you can see how benefits are calculated and payments are processed

Additional plan benefits found in your secure member account

Prescription drug savings

Save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart.

Eyewear savings

Save on a complete pair of prescription eyeglasses at Walmart Vision Centers nationwide (excludes contacts).

Worldwide support

AXA Assistance helps find a provider and schedule an appointment if you have a dental or vision emergency while traveling outside the U.S.

Save these numbers:
866-662-2731 (toll free)
and 312-935-3727 (collect).

The prescription and eyewear discounts are not insurance and are no additional cost to your plan premium.



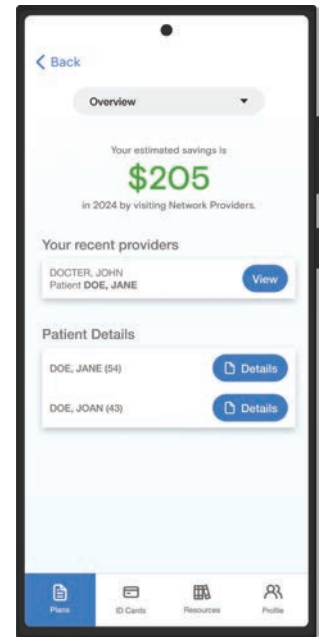
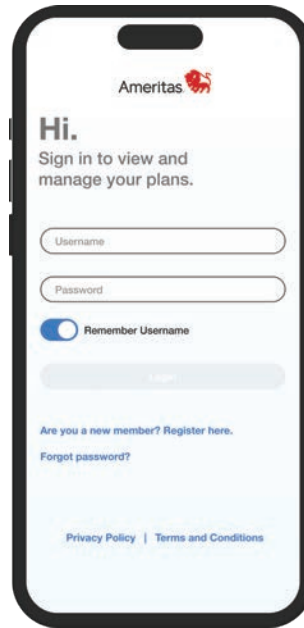
Watch this [short video](#) to learn more about navigating your secure member account.

Download Our App

As a companion to our secure member portal, we've expanded our benefit access options with the **Ameritas Benefits** app. Members can easily search for providers, view dental benefits and processed claims, and access ID cards once benefits become effective.



Available for
iOS and Android



FEATURES

<p><i>Find a dentist in your area</i></p>	<p><i>Quickly access all your ID cards*</i></p>	<p><i>Access your benefit information*</i></p>	<p><i>View deductible and maximum benefit usage</i></p>	<p><i>View and download EOBs</i></p>	<p><i>Opt-in to paperless delivery</i></p>

Download Now

For access, use your Member ID found on your ID card. This may also be your Confirmation Number or SSN.



*Additional access includes vision and LASIK benefit information when applicable.

Click on the video below to learn more about Vision Insurance!



**VISION
INSURANCE**





Winston-Salem Forsyth County Schools

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	\$10 copay	Up to \$40
Retinal Imaging	Up to \$39	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit & Follow-up - Standard	\$25 copay; contact lens fit and two follow-up visits	Up to \$40
Fit & Follow-up - Premium	\$25 copay; 10% off retail price, then apply \$40 allowance	Up to \$40
FRAME		
Frame	\$0 copay; 20% off balance over \$175 allowance	Up to \$123
STANDARD PLASTIC LENSES		
Single Vision	\$10 copay	Up to \$30
Bifocal	\$10 copay	Up to \$50
Trifocal	\$10 copay	Up to \$70
Lenticular	\$10 copay	Up to \$70
Progressive - Standard	\$65 copay	Up to \$50
Progressive - Premium Tier 1 - 4	\$95 - 185 copay	Up to \$50
LENS OPTIONS		
Anti Reflective Coating - Standard	\$45 copay	Up to \$23
Anti Reflective Coating - Premium Tier 1 - 3	\$57 - 85 copay	Up to \$23
Photochromic - Non-Glass	\$75	Not covered
Polycarbonate - Standard	\$40	Not covered
Scratch Coating - Standard Plastic	\$15	Not covered
Tint - Solid and Gradient	\$15	Not covered
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts - Conventional	\$0 copay; 15% off balance over \$175 allowance	Up to \$123
Contacts - Disposable	\$0 copay; 100% of balance over \$175 allowance	Up to \$123
Contacts - Medically Necessary	\$0 copay; paid-in-full	Up to \$300
OTHER		
Hearing Care from Amplifon Network	Discounts on hearing aids; call 1.877.203.0675	Not covered
Lasik or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
FREQUENCY		
	ALLOWED FREQUENCY - ADULTS	ALLOWED FREQUENCY - KIDS
Exam	Once every plan year	Once every plan year
Frame	Once every plan year	Once every plan year
Lenses	Once every plan year	Once every plan year
Contacts Lenses	Once every plan year	Once every plan year
(Plan allows member to receive either contacts and frame, or frame and lens services)		

QL-0000087816

	12 Month	10 Month
Employee Only	\$8.66	\$10.39
Employee + 1	\$16.80	\$20.16
Family	\$24.68	\$29.62



40% OFF

additional complete pair of prescription eyeglasses

20% OFF

non-covered items, including non-prescription sunglasses

Find an eye doctor
(Insight Network)

- eyemed.com
- EyeMed Members App
- For LASIK, call 1.800.988.4221

Heads up

You may have additional benefits. Log into eyemed.com/member to see all plans included with your benefits.

EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866-939-3633. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate.

Ready to live your best EyeMed life?

There's so much more to your vision benefits than copays and coverage. Get ready to see the good stuff for yourself.

Your network is the place to start

See who you want, when you want. You have thousands of providers to choose from – independent eye doctors, your favorite retail stores, even online options.

Keep your eyes open for extra discounts

Members already save an average 71% off retail using their EyeMed benefits,¹ but our long list of special offers takes benefits even further.

Remember, you're never alone

We're always here to help you use your benefits like a pro. Stay in-the-know with text alerts or healthy vision resources from the experts. If it can make benefits easier for you, we do it.

¹Based on weighted average of sample transactions; EyeMed Insight network/\$10 exam copay/\$10 materials copay/\$120 frame or contact lens allowance.



Create a member account at eyemed.com

Everything is right there in one spot. Check claims and benefits, see special offers and find an eye doctor – search for one with the hours, location and brands you want. For maximum mobility, try the EyeMed Members App (Google Play or App Store).

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS

PEARLE
VISION

OPTICAL

MEMBER OFFER: FREEDOM PASS

Freedom never looked so good

GET THE FRAME YOU WANT FOR \$0 OUT-OF-POCKET

As an EyeMed member, you can enjoy a Freedom Pass, a special offer that goes above and beyond your frame allowance. Choose your favorite frame at LensCrafters® or Target Optical® and pay nothing – nada, zilch, zero – regardless of the retail price.*

Here's how it works: Say you love those brand-name frames that cost \$180. If you have a frame allowance of \$130, Freedom Pass covers the remaining \$50. Plus, you can still use your vision benefits to help pay for your lenses and complete your look.

USE YOUR FREEDOM PASS TODAY

LENSCRAFTERS®

Go to freedompass.eyemed.com and enter EMFP23 to get your in-store offer code.

OPTICAL™

Show this coupon to the store associate. Use code 8950.

SHOP THESE TOP BRANDS AND MORE

Ray-Ban®

A|X
ARMANI EXCHANGE

OAKLEY

COACH
NEW YORK

RALPH LAUREN EYEWEAR
VOGUE
LONDON



Be stylish and savvy. Log into your member account at eyemed.com/member to get more special offers.

*Valid for frames only and must be used in conjunction with your EyeMed frame benefit of \$130 or more. Valid for select EyeMed plans and may be used once per frame benefit year. Valid in-store at LensCrafters or Target Optical. Complete pair purchase required – member is still responsible for lenses, which are covered based on your vision benefits and may include an additional copay. Discounts are not insured benefits. Offer excludes Chanel, Cartier, Giorgio Armani, Gucci, Prada, Ray-Ban Stories, Tiffany, Tom Ford, Maui Jim, Oliver Peoples and Lindberg frames.

eye
Med



Click on the video below to learn more about Group Term Life Insurance!



GROUP TERM LIFE INSURANCE





Group Basic Life Insurance

Group Basic Life insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's covered death.

The cost of this insurance is paid by Winston-Salem Forsyth County Schools.

Eligibility

Definition of a Member	You are a member if you are a regular employee of Winston-Salem Forsyth County Schools and actively working at least 30 hours each week. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
Class Definition	<p>Class 1 - All hourly employees</p> <p>Class 2 - All classified employees working at least 9.5 calendar months, but less than 12 calendar months annually with pay grades less than 59</p> <p>Class 3 - All classified employees working less than 12 calendar months annually with pay grades of 59 through 67, and all classified employees working 12 calendar months annually with pay grades of less than 65</p> <p>Class 4 - All licensed employees and classified employees working less than 12 calendar months annually with pay grades of 68 or more, and all classified employees working 12 calendar months annually with pay grades of 65 or more</p>
Eligibility Waiting Period	You are eligible on the first of the month that follows or coincides with the date you become a member.

Benefits

Basic Life Coverage Amount	<p>Class 1 - Your Basic Life coverage amount is \$15,000.</p> <p>Class 2 - Your Basic Life coverage amount is \$25,000.</p> <p>Class 3 - Your Basic Life coverage amount is \$40,000.</p> <p>Class 4 - Your Basic Life coverage amount is \$50,000.</p>
Life Age Reductions	Basic Life insurance coverage amount reduces to 65 percent at age 70, to 45 percent at age 75 and to 30 percent at age 80.

Other Basic Life Features and Services

- Accelerated Death Benefit
- Life Services Toolkit
- Portability of Insurance
- Repatriation Benefit
- Right to Convert
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium

This information is only a brief description of the group Basic Life insurance policy sponsored by Winston-Salem Forsyth County Schools. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and Winston-Salem Forsyth County Schools may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For complete details of coverage, contact your human resources representative.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 22165-D-NC-750998 (6/24)

7647021-1186001



Group Additional Life Insurance

Help protect your loved ones from financial hardship.

This coverage is designed to help provide financial support and stability to your family should you pass away. You can also cover your eligible spouse and child(ren). Life insurance is an easy, responsible way to help protect your family from financial hardship during a difficult time — and into the future.



This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits if you become terminally ill or die

? About This Coverage

If you take no action you'll be covered under Basic Life insurance provided you meet the eligibility requirements. Consider whether that would be enough to help your family meet daily expenses, maintain their standard of living, pay off debt and fund your children's education. If not, you may want to apply for additional coverage now.

<p>How Much Can I Apply For?</p>	<p>For You: \$10,000 – \$750,000 in increments of \$10,000</p>
<p>Your combined Basic Life and Additional Life amounts cannot exceed a maximum of 8 times your annual earnings. The coverage amount for your spouse cannot exceed 100 percent of your combined Basic and Additional Life coverage. The coverage amount for your child(ren) cannot exceed 100 percent of your combined Basic and Additional Life coverage.</p>	<p>For Your Spouse: \$10,000 – \$100,000 in increments of \$10,000</p>
<p>What is the Guarantee Issue Maximum?</p>	<p>For Your Child(ren): \$5,000 or \$10,000</p>
<p>Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answering health questions.</p>	<p>For You: Up to \$500,000</p>
<p>To apply for an amount over the guarantee issue, visit https://myeoi.standard.com/750998 to complete and submit a medical history statement online.</p>	<p>For Your Spouse: Up to \$50,000</p>

See the Important Details section for more information, including requirements, exclusions, limitations, age reductions and definitions.

☰ Additional Feature

Accelerated Death Benefit

If you become terminally ill, you may be eligible to receive up to 80 percent of your combined Basic and Additional Life benefit to a maximum of \$500,000.

How Much Life Insurance Do You Need?

After a death in the family, there are many unexpected expenses. Your benefits could help your family pay for:

- Outstanding debt
- Burial expenses
- Medical bills
- Your children's education
- Daily expenses

To estimate your insurance needs, you'll need to consider your unique circumstances. Use our online calculator at www.standard.com/life/needs.

💰 How Much Your Coverage Costs

Your Basic Life insurance is paid for by Winston-Salem Forsyth County Schools. If you choose to purchase Additional Life coverage, you'll have access to competitive group rates, which may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors, such as your age and the benefit amount.

Employee Life Monthly Premiums				
Coverage Amount	Employee's Age as of February 1			
	<70	70-74*	75-79*	80+*
\$10,000	2.20	1.43	0.99	0.66
\$20,000	4.40	2.86	1.98	1.32
\$30,000	6.60	4.29	2.97	1.98
\$40,000	8.80	5.72	3.96	2.64
\$50,000	11.00	7.15	4.95	3.30
\$60,000	13.20	8.58	5.94	3.96
\$70,000	15.40	10.01	6.93	4.62
\$80,000	17.60	11.44	7.92	5.28
\$90,000	19.80	12.87	8.91	5.94
\$100,000	22.00	14.30	9.90	6.60
\$110,000	24.20	15.73	10.89	7.26
\$120,000	26.40	17.16	11.88	7.92
\$130,000	28.60	18.59	12.87	8.58
\$140,000	30.80	20.02	13.86	9.24
\$150,000	33.00	21.45	14.85	9.90
\$160,000	35.20	22.88	15.84	10.56
\$170,000	37.40	24.31	16.83	11.22
\$180,000	39.60	25.74	17.82	11.88
\$190,000	41.80	27.17	18.81	12.54
\$200,000	44.00	28.60	19.80	13.20
\$210,000	46.20	30.03	20.79	13.86
\$220,000	48.40	31.46	21.78	14.52
\$230,000	50.60	32.89	22.77	15.18
\$240,000	52.80	34.32	23.76	15.84
\$250,000	55.00	35.75	24.75	16.50
\$260,000	57.20	37.18	25.74	17.16
\$270,000	59.40	38.61	26.73	17.82
\$280,000	61.60	40.04	27.72	18.48
\$290,000	63.80	41.47	28.71	19.14
\$300,000	66.00	42.90	29.70	19.80
\$310,000	68.20	44.33	30.69	20.46
\$320,000	70.40	45.76	31.68	21.12
\$330,000	72.60	47.19	32.67	21.78
\$340,000	74.80	48.62	33.66	22.44
\$350,000	77.00	50.05	34.65	23.10

* Coverage amounts for ages 70 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Employee Life Monthly Premiums (Continued)				
Coverage Amount	Employee's Age as of February 1			
	<70	70-74*	75-79*	80+*
\$360,000	79.20	51.48	35.64	23.76
\$370,000	81.40	52.91	36.63	24.42
\$380,000	83.60	54.34	37.62	25.08
\$390,000	85.80	55.77	38.61	25.74
\$400,000	88.00	57.20	39.60	26.40
\$410,000	90.20	58.63	40.59	27.06
\$420,000	92.40	60.06	41.58	27.72
\$430,000	94.60	61.49	42.57	28.38
\$440,000	96.80	62.92	43.56	29.04
\$450,000	99.00	64.35	44.55	29.70
\$460,000	101.20	65.78	45.54	30.36
\$470,000	103.40	67.21	46.53	31.02
\$480,000	105.60	68.64	47.52	31.68
\$490,000	107.80	70.07	48.51	32.34
\$500,000	110.00	71.50	49.50	33.00
\$510,000	112.20	72.93	50.49	33.66
\$520,000	114.40	74.36	51.48	34.32
\$530,000	116.60	75.79	52.47	34.98
\$540,000	118.80	77.22	53.46	35.64
\$550,000	121.00	78.65	54.45	36.30
\$560,000	123.20	80.08	55.44	36.96
\$570,000	125.40	81.51	56.43	37.62
\$580,000	127.60	82.94	57.42	38.28
\$590,000	129.80	84.37	58.41	38.94
\$600,000	132.00	85.80	59.40	39.60
\$610,000	134.20	87.23	60.39	40.26
\$620,000	136.40	88.66	61.38	40.92
\$630,000	138.60	90.09	62.37	41.58
\$640,000	140.80	91.52	63.36	42.24
\$650,000	143.00	92.95	64.35	42.90
\$660,000	145.20	94.38	65.34	43.56
\$670,000	147.40	95.81	66.33	44.22
\$680,000	149.60	97.24	67.32	44.88
\$690,000	151.80	98.67	68.31	45.54
\$700,000	154.00	100.10	69.30	46.20

* Coverage amounts for ages 70 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Employee Life Monthly Premiums (Continued)				
Coverage Amount	Employee's Age as of February 1			
	<70	70-74*	75-79*	80+*
\$710,000	156.20	101.53	70.29	46.86
\$720,000	158.40	102.96	71.28	47.52
\$730,000	160.60	104.39	72.27	48.18
\$740,000	162.80	105.82	73.26	48.84
\$750,000	165.00	107.25	74.25	49.50

* Coverage amounts for ages 70 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Spouse Life Monthly Premiums				
Coverage Amount	Employee's Age as of February 1			
	<70	70-74*	75-79*	80+*
\$10,000	2.20	1.43	0.99	0.66
\$20,000	4.40	2.86	1.98	1.32
\$30,000	6.60	4.29	2.97	1.98
\$40,000	8.80	5.72	3.96	2.64
\$50,000	11.00	7.15	4.95	3.30
\$60,000	13.20	8.58	5.94	3.96
\$70,000	15.40	10.01	6.93	4.62
\$80,000	17.60	11.44	7.92	5.28
\$90,000	19.80	12.87	8.91	5.94
\$100,000	22.00	14.30	9.90	6.60

* Coverage amounts for ages 70 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Child Life Monthly Premiums	
Coverage Amount	Premium
\$5,000	1.00
\$10,000	2.00

Employee Life 10thly Premiums				
Coverage Amount	Employee's Age as of February 1			
	<70	70-74*	75-79*	80+*
\$10,000	2.64	1.72	1.19	0.79
\$20,000	5.28	3.43	2.38	1.58
\$30,000	7.92	5.15	3.56	2.38
\$40,000	10.56	6.86	4.75	3.17
\$50,000	13.20	8.58	5.94	3.96
\$60,000	15.84	10.30	7.13	4.75
\$70,000	18.48	12.01	8.32	5.54
\$80,000	21.12	13.73	9.50	6.34
\$90,000	23.76	15.44	10.69	7.13
\$100,000	26.40	17.16	11.88	7.92
\$110,000	29.04	18.88	13.07	8.71
\$120,000	31.68	20.59	14.26	9.50
\$130,000	34.32	22.31	15.44	10.30
\$140,000	36.96	24.02	16.63	11.09
\$150,000	39.60	25.74	17.82	11.88
\$160,000	42.24	27.46	19.01	12.67
\$170,000	44.88	29.17	20.20	13.46
\$180,000	47.52	30.89	21.38	14.26
\$190,000	50.16	32.60	22.57	15.05
\$200,000	52.80	34.32	23.76	15.84
\$210,000	55.44	36.04	24.95	16.63
\$220,000	58.08	37.75	26.14	17.42
\$230,000	60.72	39.47	27.32	18.22
\$240,000	63.36	41.18	28.51	19.01
\$250,000	66.00	42.90	29.70	19.80
\$260,000	68.64	44.62	30.89	20.59
\$270,000	71.28	46.33	32.08	21.38
\$280,000	73.92	48.05	33.26	22.18
\$290,000	76.56	49.76	34.45	22.97
\$300,000	79.20	51.48	35.64	23.76
\$310,000	81.84	53.20	36.83	24.55
\$320,000	84.48	54.91	38.02	25.34
\$330,000	87.12	56.63	39.20	26.14
\$340,000	89.76	58.34	40.39	26.93
\$350,000	92.40	60.06	41.58	27.72

* Coverage amounts for ages 70 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Employee Life 10thly Premiums (Continued)				
Coverage Amount	Employee's Age as of February 1			
	<70	70-74*	75-79*	80+*
\$360,000	95.04	61.78	42.77	28.51
\$370,000	97.68	63.49	43.96	29.30
\$380,000	100.32	65.21	45.14	30.10
\$390,000	102.96	66.92	46.33	30.89
\$400,000	105.60	68.64	47.52	31.68
\$410,000	108.24	70.36	48.71	32.47
\$420,000	110.88	72.07	49.90	33.26
\$430,000	113.52	73.79	51.08	34.06
\$440,000	116.16	75.50	52.27	34.85
\$450,000	118.80	77.22	53.46	35.64
\$460,000	121.44	78.94	54.65	36.43
\$470,000	124.08	80.65	55.84	37.22
\$480,000	126.72	82.37	57.02	38.02
\$490,000	129.36	84.08	58.21	38.81
\$500,000	132.00	85.80	59.40	39.60
\$510,000	134.64	87.52	60.59	40.39
\$520,000	137.28	89.23	61.78	41.18
\$530,000	139.92	90.95	62.96	41.98
\$540,000	142.56	92.66	64.15	42.77
\$550,000	145.20	94.38	65.34	43.56
\$560,000	147.84	96.10	66.53	44.35
\$570,000	150.48	97.81	67.72	45.14
\$580,000	153.12	99.53	68.90	45.94
\$590,000	155.76	101.24	70.09	46.73
\$600,000	158.40	102.96	71.28	47.52
\$610,000	161.04	104.68	72.47	48.31
\$620,000	163.68	106.39	73.66	49.10
\$630,000	166.32	108.11	74.84	49.90
\$640,000	168.96	109.82	76.03	50.69
\$650,000	171.60	111.54	77.22	51.48
\$660,000	174.24	113.26	78.41	52.27
\$670,000	176.88	114.97	79.60	53.06
\$680,000	179.52	116.69	80.78	53.86
\$690,000	182.16	118.40	81.97	54.65
\$700,000	184.80	120.12	83.16	55.44

* Coverage amounts for ages 70 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Employee Life 10thly Premiums (Continued)				
Coverage Amount	Employee's Age as of February 1			
	<70	70-74*	75-79*	80+*
\$710,000	187.44	121.84	84.35	56.23
\$720,000	190.08	123.55	85.54	57.02
\$730,000	192.72	125.27	86.72	57.82
\$740,000	195.36	126.98	87.91	58.61
\$750,000	198.00	128.70	89.10	59.40

* Coverage amounts for ages 70 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Spouse Life 10thly Premiums				
Coverage Amount	Employee's Age as of February 1			
	<70	70-74*	75-79*	80+*
\$10,000	2.64	1.72	1.19	0.79
\$20,000	5.28	3.43	2.38	1.58
\$30,000	7.92	5.15	3.56	2.38
\$40,000	10.56	6.86	4.75	3.17
\$50,000	13.20	8.58	5.94	3.96
\$60,000	15.84	10.30	7.13	4.75
\$70,000	18.48	12.01	8.32	5.54
\$80,000	21.12	13.73	9.50	6.34
\$90,000	23.76	15.44	10.69	7.13
\$100,000	26.40	17.16	11.88	7.92

* Coverage amounts for ages 70 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Child Life 10thly Premiums	
Coverage Amount	Premium
\$5,000	1.20
\$10,000	2.40

Important Details

Here's where you'll find the details about the plan.

Eligibility Requirements

A minimum number of eligible employees must apply and qualify for the proposed plan before Additional Life coverage can become effective. If this requirement is not met, the additional coverage will not become effective. To be eligible for coverage, you must be:

- Insured for Basic Life insurance through The Standard to qualify for Additional Life insurance
- A regular employee of Winston-Salem Forsyth County Schools
- Actively working at least 30 hours per week

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

If you buy Additional Life insurance for yourself, you may also buy additional coverage for your eligible children and/or spouse. This is called Dependent Life insurance. You can choose to cover your spouse, meaning a person to whom you are legally married.

You may also choose to cover your child. Child means your child from live birth through age 25. Please note:

- Your child cannot be insured by more than one employee.
- Your spouse and/or child(ren) must not be full-time member(s) of the armed forces.
- You cannot be insured as both an individual and a spouse.

Medical Underwriting Approval

Required for:

- Coverage amounts higher than the guarantee issue maximum amount
- All late applications (applying 31 days after becoming eligible)
- Requests for coverage increases
- Reinstatements, if required
- Eligible but not insured under the prior life insurance plan

Medical Underwriting approval is not required for children.

Visit <https://myeoi.standard.com/750998> to complete and submit a medical history statement online.

Coverage Effective Date

To become insured, you must:

- Meet the eligibility requirements listed in the previous sections,
- Serve an eligibility waiting period*,
- Receive medical underwriting approval (if applicable),
- Apply for coverage and agree to pay premium, and
- Be actively at work (able to perform all normal duties of your job) on the day before the insurance is scheduled to be effective.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance, including any Dependent Life insurance, will not become effective until the day after you complete one full day of active work as an eligible employee.

You may have a different effective date for Life coverage below and above the guarantee issue amount.

If your dependent is confined to a hospital or nursing home on the scheduled effective date of your dependent's insurance, your dependent's insurance will not become effective until the day the dependent is released.

Contact your human resources representative or plan administrator for further information about the applicable coverage effective date for your insurance, including any Dependent Life insurance.

*Defined as first of the month that follows or coincides with the date you become a member

Life Insurance Age Reductions

Under this plan, your coverage amount reduces to 65 percent at age 70, to 45 percent at age 75 and to 30 percent at age 80. Your spouse's coverage amount reduces by your spouse's age as follows: to 65 percent at age 70, to 45 percent at age 75 and to 30 percent at age 80. If you are age 70 or over, ask your Human Resources representative or plan administrator for the amount of coverage available.

Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage from The Standard.

Conversion

If your insurance reduces or ends, you may be eligible to convert your existing Life insurance to an individual life insurance policy without submitting proof of good health.

Exclusions

Subject to state variations, you and your spouse are not covered for death resulting from suicide or other intentionally self-inflicted injury, while sane or insane. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death.

When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid
- End of month following termination date
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- The date the group policy, or your employer's coverage under the group policy, terminates
- For each elective insurance coverage, the date that coverage terminates under the group policy

In addition to the above requirements, your Dependent Life coverage ends automatically on the date your dependent ceases to meet the eligibility requirements for a dependent.

For more details on when your insurance ends, contact your human resources representative or plan administrator.

Group Insurance Certificate

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at www.standard.com.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

GP1219-LIFE, GP1219-LIFE-ASSOC, GP1219-LIFE-TRUST

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 22167-D-AL-NC-750998-12PP (6/24)

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Click on the video below to learn more about Long-Term Care Benefits!



LONG-TERM CARE BENEFITS



Discover the Unmatched Advantages of LifeTime Benefit Term With Long Term Care

Learn more about our 7702(b) Qualified Long Term Care offering, with favorable interest rates and benefits to ensure your clients are better protected.



Life Insurance and So Much More



7702(b) Qualification

LBT provides a tax-qualified LTC Benefit that complies with this provision of the tax code and may satisfy future state mandates as Qualified Long Term Care.



Interest Rates at 3%

Based on a 3% interest rate and mortality assumptions, the full death benefit is designed to last through age 99 for non-tobacco users and age 95 for tobacco users.



Life Insurance Premiums Are Guaranteed Never to Increase

Our Life Insurance premiums never change and are only due until age 100. And as long as premiums are paid, coverage won't lapse, lasting until employees reach their 121st birthday.



Paid-up Benefits

After 10 years, paid-up benefits begin to accrue. At any point thereafter, if you stop paying the premium, a reduced paid-up benefit is issued and can never lapse.



Long Term Care (LTC) Benefits

Pays benefits for Long Term Care services including home health care, assisted living, adult day care and nursing home care.



Guaranteed Portability

Employees can take these benefits with them, even if they change jobs.

Example	Life Situation	Death Benefit	Long Term Care	LTC Extension	Total Benefits
As Life Insurance	The employee leads a full life and does not need Long Term Care (LTC).	\$100,000			
As LTC Insurance	The employee leads a full life and needs assisted living or nursing home care.		\$100,000		\$100,000
Or Split the Death Benefit for LTC & Life Insurance	The employee leads a full life but also needs some LTC funds (example: 4% of \$100,000 for 12 months).	\$52,000	\$48,000		
Additional Coverage for Long Term Care and Death Benefits					
Extra Long Term Care for up to 50 Additional Months	The employee leads a full life and needs extended benefits for assisted living or nursing home care.			\$200,000	\$200,000
Restore Your Death Benefit	If the employee depletes their entire Death Benefit due to LTC, we restore their Death Benefit to 50% of their original death benefit	\$50,000			\$50,000

Option 1, 2 or 3 = **Total Coverage of \$350,000**

LifeTime Benefit Term

CHUBB®



Choose Chubb

Chubb's Workplace Benefits product series is designed to empower you with innovative and flexible benefits solutions to better meet your customer's needs.

Innovation that Pays More—Guaranteed

For about the same premium, LifeTime Benefit Term (LBT) provides higher death benefits than permanent life insurance and lasts to age 121. Plus offers additional benefits.

Valuable Family Protection Plus Benefits for Long Term Care

LBT's innovative design provides life time guarantees at a fraction of the cost of permanent life insurance. And flexibility allows you to customize benefits for Long Term Care (LTC) and double or triple the policy value.

Guaranteed Benefits—During the Working Years

Death Benefit is guaranteed 100% when it is needed most—during the working years when a family is relying on income. While the policy is in force, the death benefit is 100% guaranteed.

The full death benefit is designed to last through age 99 for non-tobacco users and age 95 for tobacco users based on the current interest rate and mortality assumptions.

Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. This insurance product is underwritten by Combined Insurance Company of America, Chicago, IL, a Chubb company. www.chubbworkplacebenefits.com



Let LifeTime Benefit Term be Your Champion

As Life Insurance

LifeTime Benefit Term protects families with money that can be used any way they need. Often it is used to pay for mortgage or rent, education for children and grandchildren, family debt and final expenses.

For Long Term Care

Long Term Care is expensive, and LifeTime Benefit Term can help. It pays death benefits in advance for home health care, assisted living, adult day care and nursing home and waives life insurance premiums. And with Extension of Long Term Care, benefits can last for more than 6 years, in essence, tripling the policy value

Additional Benefits

Long Term Care Acceleration*

When employees need LTC, death benefits can be paid early for home health care, assisted living, adult day care and nursing home care. Early payments equal 4% of the death benefit per month for up to 25 months. Premiums are waived while this benefit is being paid.

Long Term Care Extension*

Once the full death benefit has been paid in advance for LTC, payments can be extended. Choose between 25 and 50 months of LTC Benefit Extension to double or triple the value.

Restoration of Death Benefit

Accelerating the life coverage for LTC benefits can reduce the death benefit to \$0. This rider restores the life coverage to either 25% or 50% of the death benefit on which the LTC benefits were based, therefore assuring a death benefit available up to the insured's age 121.

Features

Affordable Financial Security

Lifelong protection with premiums beginning as low as \$3 per week.

Dependable Guarantees

Guaranteed life insurance premium and death benefits last a lifetime.

Fully Portable and Guaranteed Renewable for Life

Employee coverage cannot be cancelled as long as premiums are paid as due.

Guaranteed Premiums

Life insurance premiums will never increase and are guaranteed through age 100.

Paid-up Benefits

After 10 years, paid-up benefits begin to accrue. At any point thereafter, if premiums stop, a reduced paid up benefit is guaranteed. Flexibility is perfect for retirement.

Terminal Illness Benefit

After coverage has been in force for two years, employees can receive 50% of their death benefit immediately, up to \$100,000, if they are diagnosed as terminally ill.

Optional Benefits

Waiver of Premium Benefit & Payor Waiver of Premium Benefit

Waives premium if employee becomes totally disabled.

This document is only a brief description of Group Policy Form No. P34544. See the policy for complete details about features, benefits, exclusions and limitations that may vary by state. The availability of this product, riders or optional benefits are subject to underwriting approval.

* LTC and Extension of Benefits premiums may be adjusted based upon the experience of the group or other group characteristics that may affect results. Premiums will not be increased solely because of an independent claim.

Click on the video below to learn more about Cancer Benefits!



CANCER BENEFITS



Our Cancer Assist plan helps employees protect themselves and their loved ones through their diagnosis, treatment and recovery journey.

This individual voluntary policy pays benefits that can be used for both medical and/or out-of-pocket, non-medical expenses traditional health insurance may not cover. Available exclusively at the workplace, Cancer Assist is an attractive addition to any competitive benefits package that won't add costs to a company's bottom line.



Talk to your benefits representative today to learn more about this product and how it helps provide extra financial protection to employees who may be impacted by cancer.

Competitive advantages

- Composite rates.
- Four distinct plan levels, each featuring the same benefits with premiums and benefit amounts designed to meet a variety of budgets and coverage needs (benefits overview on reverse).
- Indemnity-based benefits pay exactly what's listed for the selected plan level.
- The plan's Family Care Benefit provides a daily benefit when a covered dependent child receives inpatient or outpatient cancer treatment.
- Employer-optional cancer wellness/health screening benefits available:
 - Part One covers 24 tests. If selected, the employer chooses one of four benefit amounts for employees: \$25, \$50, \$75 or \$100. This benefit is payable once per covered person per calendar year.
 - Part Two covers an invasive diagnostic test or surgical procedure if an abnormal result from a Part One test requires additional testing. This benefit is payable once per calendar year per covered person and matches the Part One benefit.

Flexible family coverage options

- Individual, Individual/Spouse, One-parent and Two-parent family policies.
- Family coverage includes eligible dependent children (to age 26) for the same rate, regardless of the number of children covered.

Attractive features

- Available for businesses with 3+ eligible employees.
- Broad range of policy issue ages, 17-75.
- Each plan level features full schedule of 30+ benefits and three optional riders (benefit amounts may vary based on plan level selected).
- Benefits don't coordinate with any other coverage from any other insurer.
- HSA compliant.
- Guaranteed renewable.
- Portable.
- Waiver of premium if named insured is disabled due to cancer for longer than 90 consecutive days and the date of diagnosis is after the waiting period and while the policy is in force.
- Form 1099s may not be issued in most states because all benefits require that a charge is incurred. Discuss details with your benefits representative, or consult your tax adviser if you have questions.

Optional riders (available at an additional cost/payable once per covered person)

- Initial Diagnosis of Cancer Rider pays a one-time benefit for the initial diagnosis of cancer. A benefit amount in \$1,000 increments from \$1,000-\$10,000 may be chosen. The benefit for covered dependent children is two and a half times (\$2,500-25,000) the chosen benefit amount.
- Initial Diagnosis of Cancer Progressive Payment Rider pays a \$50 lump-sum payment for each month the rider has been in force, after the waiting period, once cancer is first diagnosed. The issue ages for this rider are 17-64.
- Specified Disease Hospital Confinement Rider pays \$300 per day for confinement to a hospital for treatment of one of 34 specified diseases covered under the rider.

Cancer Assist Benefits Overview

This overview shows benefits available for all four plan levels and the range of benefit amounts payable for most common cancer treatments. Each benefit is payable for each covered person under the policy. Actual benefits vary based on the plan level selected.

Each benefit requires that charges are incurred for treatment. All benefits and riders are subject to a 30-day waiting period. Waiting period means the first 30 days following the policy's coverage effective date during which no benefits are payable. States without a waiting period will have a pre-existing condition limitation. Product has exclusions and limitations that may affect benefits payable. Benefits vary by state and may not be available in all states. See your Colonial Life benefits representative for complete details.



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Radiation/Chemotherapy

- Injected chemotherapy by medical personnel: \$250-\$1,000 once per calendar week
- Radiation delivered by medical personnel: \$250-\$1,000 once per calendar week
- Self-injected chemotherapy: \$150-\$400 once per calendar month
- Topical chemotherapy: \$150-\$400 once per calendar month
- Chemotherapy by pump: \$150-\$400 once per calendar month
- Oral hormonal chemotherapy (1-24 months): \$150-\$400 once per calendar month
- Oral hormonal chemotherapy (25+ months): \$75-\$200 once per calendar month
- Oral non-hormonal chemotherapy: \$150-\$400 once per calendar month

Anti-nausea Medication

\$25-\$60 per day, up to \$100-\$240 per calendar month

Medical Imaging Studies

\$75-\$225 per study, up to \$150-\$450 per calendar year

Outpatient Surgical Center

\$100-\$400 per day, up to \$300-\$1,200 per calendar year

Skin Cancer Initial Diagnosis

\$300-\$600 payable once per lifetime

Surgical Procedures

Inpatient and Outpatient Surgeries: \$40-\$70 per surgical unit, up to \$2,500-\$6,000 per procedure

Reconstructive Surgery

\$40-\$60 per surgical unit, up to \$2,500-\$3,000 per procedure including 25% for general anesthesia

Anesthesia

General: 25% of Surgical Procedures Benefit

Local: \$25-\$50 per procedure

Hospital Confinement

30 days or less: \$100-\$350 per day

31 days or more: \$200-\$700 per day

Family Care

Inpatient and outpatient treatment for a covered dependent child: \$30-\$60 per day, up to \$1,500-\$3,000 per calendar year

Second Medical Opinion on Surgery or Treatment

\$150-\$300 once per lifetime

Home Health Care Services

Examples include physical therapy, speech therapy, occupational therapy, prosthesis and orthopedic appliances, durable medical equipment: \$50-\$150 per day, up to the greater of 30 days per calendar year or twice the number of days hospitalized per calendar year

Hospice Care

Initial: \$1,000 once per lifetime

Daily: \$50 per day

\$15,000 maximum for initial and daily hospice care per lifetime

Transportation and Lodging

- **Transportation** for treatment more than 50 miles from covered person's home: \$0.50 per mile, up to \$1,000-\$1,500 per round trip
- **Companion Transportation** (for any companion, not just a family member) for commercial travel when treatment is more than 50 miles from covered person's home: \$0.50 per mile, up to \$1,000-\$1,500 per round trip
- **Lodging** for the covered person or any one adult companion or family member when treatment is more than 50 miles from the covered person's home: \$50-\$80 per day, up to 70 days per calendar year

Benefits also included in each plan

Air Ambulance, Ambulance, Blood/Plasma/Platelets/Immunoglobulins, Bone Marrow or Peripheral Stem Cell Donation, Bone Marrow Donor Screening, Bone Marrow or Peripheral Stem Cell Transplant, Cancer Vaccine, Egg(s) Extraction or Harvesting/Sperm Collection and Storage (Cryopreservation), Experimental Treatment, Hair/External Breast/Voice Box Prosthesis, Private Full-time Nursing Services, Prosthetic Device/Artificial Limb, Skilled Nursing Facility, Supportive or Protective Care Drugs and Colony Stimulating Factors

To encourage early detection, our cancer insurance offers benefits for wellness and health screening tests.



For more information,
talk with your
benefits counselor.

Part One: Cancer Wellness/Health Screening

Provided when one of the tests listed below is performed after the waiting period and while the policy is in force. Payable once per calendar year, per covered person.

Cancer Wellness Tests

- Bone marrow testing
- Breast ultrasound
- CA 15-3 [blood test for breast cancer]
- CA 125 [blood test for ovarian cancer]
- CEA [blood test for colon cancer]
- Chest X-ray
- Colonoscopy
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Mammography
- Pap smear
- PSA [blood test for prostate cancer]
- Serum protein electrophoresis [blood test for myeloma]
- Skin biopsy
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

Health Screening Tests

- Blood test for triglycerides
- Carotid Doppler
- Echocardiogram [ECHO]
- Electrocardiogram [EKG, ECG]
- Fasting blood glucose test
- Serum cholesterol test for HDL and LDL levels
- Stress test on a bicycle or treadmill

Part Two: Cancer Wellness — Additional Invasive Diagnostic Test or Surgical Procedure

Provided when a doctor performs a diagnostic test or surgical procedure after the waiting period as the result of an abnormal result from one of the covered cancer wellness tests in Part One. We will pay the benefit regardless of the test results. Payable once per calendar year, per covered person.

Waiting period means the first 30 days following the policy's coverage effective date during which no benefits are payable.

The policy has exclusions and limitations. For cost and complete details of the coverage, see your Colonial Life benefits counselor. Coverage may vary by state and may not be available in all states. Applicable to policy form CanAssist (and state abbreviations where applicable – for example: CanAssist-TX).

Individual Cancer Insurance Description of Benefits

The policy and its riders may have additional exclusions and limitations. For cost and complete details of the coverage, see your Colonial Life benefits counselor. Coverage may vary by state and may not be available in all states. Coverage is dependent on answers to health questions. Applicable to policy forms CanAssist-NC and rider forms R-CanAssistIdx-NC, R-CanAssistProg-NC and R-CanAssistSpDis-NC.

Cancer Insurance Benefits	Level 1	Level 2	Level 3	Level 4
Air Ambulance, per trip <i>Maximum trips per confinement</i>	\$2,000 2	\$2,000 2	\$2,000 2	\$2,000 2
Ambulance, per trip <i>Maximum trips per confinement</i>	\$250 2	\$250 2	\$250 2	\$250 2
Anesthesia, General	25% of Surgical Procedures Benefit			
Anesthesia, Local, per procedure	\$25	\$30	\$40	\$50
Anti-Nausea Medication, per day <i>Maximum per month</i>	\$25 \$100	\$40 \$160	\$50 \$200	\$60 \$240
Blood/Plasma/Platelets/Immunoglobulins, per day <i>Maximum per year</i>	\$150 \$10,000	\$150 \$10,000	\$175 \$10,000	\$250 \$10,000
Bone Marrow or Peripheral Stem Cell Donation, per lifetime	\$500	\$500	\$750	\$1,000
Bone Marrow or Peripheral Stem Cell Transplant, per transplant <i>Maximum transplants per lifetime</i>	\$3,500 2	\$4,000 2	\$7,000 2	\$10,000 2
Companion Transportation, per mile <i>Maximum per round trip</i>	\$0.50 \$1,000	\$0.50 \$1,000	\$0.50 \$1,200	\$0.50 \$1,500
Egg(s) Extraction or Harvesting or Sperm Collection, per lifetime	\$500	\$700	\$1,000	\$1,500
Egg(s) or Sperm Storage, per lifetime	\$175	\$200	\$350	\$500
Experimental Treatment, per day <i>Maximum per lifetime</i>	\$200 \$10,000	\$250 \$12,500	\$300 \$15,000	\$300 \$15,000
Family Care, per day <i>Maximum per year</i>	\$30 \$1,500	\$40 \$2,000	\$50 \$2,500	\$60 \$3,000
Hair/External Breast/Voice Box Prosthesis, per year	\$200	\$200	\$350	\$500
Home Health Care Services, per day <i>Maximum per year</i>	\$50	\$75	\$100	\$150
	<i>30 days or twice the days confined</i>			
Hospice, Initial, per lifetime	\$1,000	\$1,000	\$1,000	\$1,000
Hospice, Daily <i>Maximum combined Initial and Daily per lifetime</i>	\$50 \$15,000	\$50 \$15,000	\$50 \$15,000	\$50 \$15,000
Hospital Confinement, 30 days or less, per day	\$100	\$150	\$250	\$350
Hospital Confinement, 31 days or more, per day	\$200	\$300	\$500	\$700
Lodging, per day <i>Maximum days per year</i>	\$50 70	\$50 70	\$75 70	\$80 70
Medical Imaging Studies, per study <i>Maximum per year</i>	\$75 \$150	\$125 \$250	\$175 \$350	\$225 \$450
Outpatient Surgical Center, per day <i>Maximum per year</i>	\$100 \$300	\$200 \$600	\$300 \$900	\$400 \$1,200
Private Full-time Nursing Services, per day	\$50	\$75	\$125	\$150
Prosthetic Device/Artificial Limb, per device or limb <i>Maximum per lifetime</i>	\$1,000 \$2,000	\$1,500 \$3,000	\$2,000 \$4,000	\$3,000 \$6,000

Individual Cancer Insurance Description of Benefits

The policy and its riders may have additional exclusions and limitations. For cost and complete details of the coverage, see your Colonial Life benefits counselor. Coverage may vary by state and may not be available in all states. Coverage is dependent on answers to health questions. Applicable to policy forms CanAssist-NC and rider forms R-CanAssistIdx-NC, R-CanAssistProg-NC and R-CanAssistSpDis-NC.

Cancer Insurance Benefits	Level 1	Level 2	Level 3	Level 4
Radiation/Chemotherapy				
Injected chemotherapy by medical personnel, per week	\$250	\$500	\$750	\$1,000
Radiation delivered by medical personnel, per week	\$250	\$500	\$750	\$1,000
Self-Injected Chemotherapy, per month	\$150	\$200	\$300	\$400
Pump Chemotherapy, per month	\$150	\$200	\$300	\$400
Topical Chemotherapy, per month	\$150	\$200	\$300	\$400
Oral Hormonal Chemotherapy (1-24 months), per month	\$150	\$200	\$300	\$400
Oral Hormonal Chemotherapy (25+ months), per month	\$75	\$100	\$150	\$200
Oral Non-Hormonal Chemotherapy, per month	\$150	\$200	\$300	\$400
Reconstructive Surgery, per surgical unit	\$40	\$40	\$60	\$60
<i>Maximum per procedure, including 25% for general</i>	\$2,500	\$2,500	\$3,000	\$3,000
Second Medical Opinion, per lifetime	\$150	\$200	\$300	\$300
Skilled Nursing Care Facility, per day, up to days confined	\$75	\$100	\$100	\$150
Skin Cancer Initial Diagnosis, per lifetime	\$300	\$300	\$400	\$600
Supportive/Protective Care Drugs/Colony Stimulating Factors, per	\$50	\$100	\$150	\$200
<i>Maximum per year</i>	\$400	\$800	\$1,200	\$1,600
Surgical Procedures, per surgical unit	\$40	\$50	\$60	\$70
<i>Maximum per procedure</i>	\$2,500	\$3,000	\$5,000	\$6,000
Transportation, per mile	\$0.50	\$0.50	\$0.50	\$0.50
<i>Maximum per round trip</i>	\$1,000	\$1,000	\$1,200	\$1,500
Waiver of Premium	Yes	Yes	Yes	Yes
Policy-Wellness Benefits				
Bone Marrow Donor Screening, per lifetime	\$50	\$50	\$50	\$50
Cancer Vaccine, per lifetime	\$50	\$50	\$50	\$50
Part 1: Cancer Wellness/Health Screening, per year	One amount per account: \$0, \$25, \$50, \$75 or \$100			
Part 2: Cancer Wellness/Health Screening, per year	Same as Part 1			

Additional Riders may be available at an additional cost				
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WAITING PERIOD

The policy and its riders may have a waiting period. Waiting period means the first 30 days following the policy's coverage effective date during which no benefits are payable. If your cancer has a date of diagnosis before the end of the waiting period, coverage for that cancer will apply only to losses commencing after the policy has been in force for two years, unless it is excluded by name or specific description in the policy.

No recovery during the first 12 months of this policy for cancer with a date of diagnosis prior to 30 days after the effective date of coverage. If a covered person is 65 or older when this policy is issued, pre-existing conditions for that covered person will include only conditions specifically eliminated by rider.

EXCLUSIONS

We will not pay benefits for cancer or skin cancer:

- If the diagnosis or treatment of cancer is received outside of the territorial limits of the United States and its possessions; or
- For other conditions or diseases, except losses due directly from cancer.



CANCER BENEFIT PREMIUMS

LEVEL 1 - Composite Rates				
	Employee	Employee/Spouse	One-Parent Family	Two-Parent Family
Level 1 with \$100 Cancer Wellness/Health Screening				
10-Pay Premium	\$21.72	\$34.32	\$21.90	\$34.50
12-Pay Premium	\$18.10	\$28.60	\$18.25	\$28.75
LEVEL 2 - Composite Rates				
	Employee	Employee/Spouse	One-Parent Family	Two-Parent Family
Level 2 with \$100 Cancer Wellness/Health Screening				
10-Pay Premium	\$25.98	\$40.62	\$26.34	\$40.98
12-Pay Premium	\$21.65	\$33.85	\$21.95	\$34.15
LEVEL 3 - Composite Rates				
	Employee	Employee/Spouse	One-Parent Family	Two-Parent Family
Level 3 with \$100 Cancer Wellness/Health Screening				
10-Pay Premium	\$31.98	\$53.28	\$32.52	\$53.82
12-Pay Premium	\$26.65	\$44.40	\$27.10	\$44.85
LEVEL 4 - Composite Rates				
	Employee	Employee/Spouse	One-Parent Family	Two-Parent Family
Level 4 with \$100 Cancer Wellness/Health Screening				
10-Pay Premium	\$42.72	\$71.28	\$43.44	\$72.00
12-Pay Premium	\$35.60	\$50.40	\$36.20	\$60.00
OPTIONAL RIDERS				
	Employee	Employee/Spouse	One-Parent Family	Two-Parent Family
Specified Disease Hospital Confinement Rider				
10-Pay Premium	\$1.50	\$2.10	\$1.50	\$2.10
12-Pay Premium	\$1.25	\$1.75	\$1.25	\$1.75
Initial Diagnosis of Cancer Rider (per \$1,000)				
10-Pay Premium	\$1.80	\$3.00	\$1.92	\$3.12
12-Pay Premium	\$1.50	\$2.50	\$1.60	\$2.60
Initial Diagnosis of Cancer Progressive Payment Rider				
10-Pay Premium	\$9.36	\$20.46	\$9.36	\$20.46
12-Pay Premium	\$7.80	\$17.05	\$7.80	\$17.05

Sample rates only. Multiple choices and options available and rates may vary.

Click on the video below to learn more
about Critical Illness Benefits!



CRITICAL ILLNESS BENEFITS





Group Critical Illness Insurance

Plan 1

When life takes an unexpected turn due to a critical illness diagnosis, your focus should be on recovery — not finances. Colonial Life’s group critical illness insurance helps provide financial support by providing a lump-sum benefit payable directly to you for your greatest needs.

Coverage amount: _____

Critical illness benefit

COVERED CONDITION ¹	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Benign brain tumor	100%
Coma	100%
End stage renal (kidney) failure	100%
Heart attack (myocardial infarction)	100%
Loss of hearing	100%
Loss of sight	100%
Loss of speech	100%
Major organ failure requiring transplant	100%
Occupational infectious HIV or occupational infectious hepatitis B, C, or D	100%
Permanent paralysis due to a covered accident	100%
Stroke	100%
Sudden cardiac arrest	100%
Coronary artery disease	25%

An unexpected moment changes life forever

Chris was mowing the lawn when he suffered a stroke. His recovery will be challenging and he's worried, since his family relies on his income.

HOW CHRIS'S COVERAGE HELPED

The lump-sum payment from his critical illness insurance helped pay for:



Co-payments and hospital bills not covered by his medical insurance



Physical therapy to get back to doing what he loves



Household expenses while he was unable to work

For illustrative purposes only.

KEY BENEFITS

- Available coverage for spouse and eligible dependent children at 50% of your coverage amount
- Cover your eligible dependent children at no additional cost
- Receive coverage regardless of medical history, within specified limits
- Works alongside your health savings account (HSA)
- Benefits payable regardless of other insurance

Subsequent diagnosis of a different critical illness²

If you receive a benefit for a critical illness, and are later diagnosed with a different critical illness, 100% of the coverage amount may be payable for that particular critical illness.

Subsequent diagnosis of the same critical illness²

If you receive a benefit for a critical illness, and are later diagnosed with the same critical illness,³ 25% of the coverage amount may be payable for that critical illness.

Additional covered conditions for dependent children

COVERED CONDITION ¹	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Cerebral palsy	100%
Cleft lip or palate	100%
Cystic fibrosis	100%
Down syndrome	100%
Spina bifida	100%

For more information,
talk with your
benefits counselor.

Preparing for the unexpected is simpler than you think.
With Colonial Life, you'll have the support you need to face
life's toughest challenges.

1. Refer to the certificate for complete definitions of covered conditions.
2. Dates of diagnoses of a covered critical illness must be separated by more than 180 days.
3. Critical illnesses that do not qualify include: coronary artery disease, loss of hearing, loss of sight, loss of speech, and occupational infectious HIV or occupational infectious hepatitis B,C, or D.

THIS INSURANCE PROVIDES LIMITED BENEFITS

Insureds in MA must be covered by comprehensive health insurance before applying for this coverage.

EXCLUSIONS AND LIMITATIONS FOR CRITICAL ILLNESS

We will not pay the Critical Illness Benefit, Benefits Payable Upon Subsequent Diagnosis of a Critical Illness or Additional Critical Illness Benefit for Dependent Children that occurs as a result of a covered person's: alcoholism or drug addiction; felonies or illegal occupations; intoxicants and narcotics; suicide or injuring oneself intentionally, whether sane or not; war or armed conflict; or pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is diagnosed with a critical illness.

PRE-EXISTING CONDITION LIMITATION

We will not pay a benefit for a pre-existing condition that occurs during the 12-month period after the coverage effective date. Pre-existing condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the coverage effective date.

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Group Critical Illness Insurance Plan 2

When life takes an unexpected turn, your focus should be on recovery — not finances. Colonial Life’s group critical illness insurance helps relieve financial worries by providing a lump-sum benefit payable directly to you to use as needed.

Coverage amount: _____

Preparing for a lifelong journey

Rebecca was born with Down syndrome. Her parents’ critical illness coverage provided a benefit that can help cover expenses related to Rebecca’s care and her changing needs.

HOW THEIR COVERAGE HELPED

The lump-sum amount from the family coverage benefit helped pay for:



A hospital stay and treatment for corrective heart surgery



Physical therapy to build muscle strength



Special needs daycare

For illustrative purposes only.

Critical illness and cancer benefits

COVERED CRITICAL ILLNESS CONDITION ¹	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Benign brain tumor	100%
Coma	100%
End stage renal (kidney) failure	100%
Heart attack (myocardial infarction)	100%
Loss of hearing	100%
Loss of sight	100%
Loss of speech	100%
Major organ failure requiring transplant	100%
Occupational infectious HIV or occupational infectious hepatitis B, C, or D	100%
Permanent paralysis due to a covered accident	100%
Stroke	100%
Sudden cardiac arrest	100%
Coronary artery disease	25%
COVERED CANCER CONDITION ¹	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Invasive cancer (including all breast cancer)	100%
Non-invasive cancer	25%
Skin cancer initial diagnosis	\$400 per lifetime

KEY BENEFITS

- Available coverage for spouse and eligible dependent children at 50% of your coverage amount
- Cover your eligible dependent children at no additional cost
- Receive coverage regardless of medical history, within specified limits
- Works alongside your health savings account (HSA)
- Benefits payable regardless of other insurance

Subsequent diagnosis of a different critical illness²

If you receive a benefit for a critical illness, and are later diagnosed with a different critical illness, 100% of the coverage amount may be payable for that particular critical illness.

Subsequent diagnosis of the same critical illness²

If you receive a benefit for a critical illness, and are later diagnosed with the same critical illness,³ 25% of the coverage amount is payable for that critical illness.

Reoccurrence of invasive cancer (including all breast cancer)

If you receive a benefit for invasive cancer and are later diagnosed with a reoccurrence of invasive cancer, 25% of the coverage amount is payable if treatment-free for at least 12 months and in complete remission prior to the date of reoccurrence; excludes non-invasive or skin cancer.

Additional covered conditions for dependent children

COVERED CONDITION ¹	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Cerebral palsy	100%
Cleft lip or palate	100%
Cystic fibrosis	100%
Down syndrome	100%
Spina bifida	100%

Preparing for the unexpected is simpler than you think. With Colonial Life, you'll have the support you need to face life's toughest challenges.

1. Refer to the certificate for complete definitions of covered conditions.
2. Dates of diagnoses of a covered critical illness must be separated by more than 180 days.
3. Critical illnesses that do not qualify include: coronary artery disease, loss of hearing, loss of sight, loss of speech, and occupational infectious HIV or occupational infectious hepatitis B,C, or D.

THIS INSURANCE PROVIDES LIMITED BENEFITS

Insureds in MA must be covered by comprehensive health insurance before applying for this coverage.

EXCLUSIONS AND LIMITATIONS FOR CRITICAL ILLNESS

We will not pay the Critical Illness Benefit, Benefits Payable Upon Subsequent Diagnosis of a Critical Illness or Additional Critical Illness Benefit for Dependent Children that occurs as a result of a covered person's: alcoholism or drug addiction; felonies or illegal occupations; intoxicants and narcotics; suicide or injuring oneself intentionally, whether sane or not; war or armed conflict; or pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is diagnosed with a critical illness.

EXCLUSIONS AND LIMITATIONS FOR CANCER

We will not pay the Invasive Cancer (including all Breast Cancer) Benefit, Non-Invasive Cancer Benefit, Benefit Payable Upon Reoccurrence of Invasive Cancer (including all Breast Cancer) or Skin Cancer Initial Diagnosis Benefit for a covered person's invasive cancer or non-invasive cancer that: is diagnosed or treated outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico; is a pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is initially diagnosed as having invasive or non-invasive cancer. No pre-existing condition limitation will be applied for dependent children who are born or adopted while the named insured is covered under the certificate, and who are continuously covered from the date of birth or adoption.

PRE-EXISTING CONDITION LIMITATION

We will not pay a benefit for a pre-existing condition that occurs during the 12-month period after the coverage effective date. Pre-existing condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the coverage effective date.

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Group Critical Illness Insurance

First Diagnosis Building Benefit Rider



The first diagnosis building benefit rider provides a lump-sum payment in addition to the coverage amount when you are diagnosed with a covered critical illness or invasive cancer (including all breast cancer). This benefit is for you and all your covered family members.

First diagnosis building benefit

Payable once per covered person per lifetime

- **Named insured** Accumulates \$1,000 each year
- **Covered spouse/dependent children** Accumulates \$500 each year

The benefit amount accumulates each rider year the rider is in force before a diagnosis is made, up to a maximum of 10 years.

If diagnosed with a covered critical illness or invasive cancer (including all breast cancer) before the end of the first rider year, the rider will provide one-half of the annual building benefit amount.

Coronary artery disease is not a covered critical illness. Non-invasive and skin cancer are not covered cancer conditions.

For more information,
talk with your
benefits counselor.

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Group Critical Illness Insurance

Infectious Diseases Rider



For more information,
talk with your
benefits counselor.

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The sudden onset of an infectious or contagious disease can create unexpected circumstances for you or your family. The infectious diseases rider provides a lump sum which can be used toward health care expenses or meeting day-to-day needs. These benefits are for you as well as your covered family members.

Payable for each covered infectious disease once per covered person per lifetime

COVERED INFECTIOUS DISEASE ¹	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Hospital confinement for seven or more consecutive days for treatment of the disease	
Antibiotic resistant bacteria (including MRSA)	50%
Cerebrospinal meningitis (bacterial)	50%
Diphtheria	50%
Encephalitis	50%
Legionnaires' disease	50%
Lyme disease	50%
Malaria	50%
Necrotizing fasciitis	50%
Osteomyelitis	50%
Poliomyelitis	50%
Rabies	50%
Sepsis	50%
Tetanus	50%
Tuberculosis	50%
Hospital confinement for 14 or more consecutive days for treatment of the disease	
Coronavirus disease 2019 (COVID-19)	25%



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1. Refer to the certificate for complete definitions of covered diseases.

THIS INSURANCE PROVIDES LIMITED BENEFITS.

EXCLUSIONS AND LIMITATIONS FOR INFECTIOUS DISEASES RIDER

We will not pay benefits for a covered infectious disease that occurs as a result of a covered person's: alcoholism or drug addiction; felonies or illegal occupations; intoxicants and narcotics; suicide or injuring oneself intentionally, whether sane or not; war or armed conflict; or pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is diagnosed with a covered infectious disease.

PRE-EXISTING CONDITION LIMITATION

We will not pay a benefit for a pre-existing condition that occurs during the 12-month period after the coverage effective date. Pre-existing condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the coverage effective date.

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Group Critical Illness Insurance

Progressive Diseases Rider



For more information,
talk with your
benefits counselor.

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The debilitating effects of a progressive disease not only impact you physically, but financially as well. Changes in lifestyle may require home modification, additional medical treatment and other expenses. These benefits are for you as well as your covered family members.

Payable for each covered progressive disease once per covered person per lifetime

COVERED PROGRESSIVE DISEASE ¹	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
This benefit is payable if the covered person is unable to perform two or more activities of daily living ² and the 90-day elimination period has been met.	
Amyotrophic Lateral Sclerosis (ALS)	25%
Dementia (including Alzheimer's disease)	25%
Huntington's disease	25%
Lupus	25%
Multiple sclerosis (MS)	25%
Muscular dystrophy	25%
Myasthenia gravis (MG)	25%
Parkinson's disease	25%
Systemic sclerosis (scleroderma)	25%

1. Refer to the certificate for complete definitions of covered diseases.
2. Activities of daily living include bathing, continence, dressing, eating, toileting and transferring.

THIS INSURANCE PROVIDES LIMITED BENEFITS.

EXCLUSIONS AND LIMITATIONS FOR PROGRESSIVE DISEASES RIDER

We will not pay benefits for a covered progressive disease that occurs as a result of a covered person's: alcoholism or drug addiction; felonies or illegal occupations; intoxicants and narcotics; suicide or injuring oneself intentionally, whether sane or not; war or armed conflict; or pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is diagnosed with a covered progressive disease.

PRE-EXISTING CONDITION LIMITATION

We will not pay a benefit for a pre-existing condition that occurs during the 12-month period after the coverage effective date. Pre-existing condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the coverage effective date.

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STATE-SPECIFIC EXCLUSIONS

- AK:** Alcoholism or Drug Addiction Exclusion does not apply
- CO:** Suicide exclusion: whether sane or not replaced with while sane
- CT:** Alcoholism or Drug Addiction Exclusion replaced with Intoxication or Drug Addiction; Felonies or Illegal Occupations Exclusion replaced with Felonies; Intoxicants and Narcotics Exclusion does not apply
- DE:** Alcoholism or Drug Addiction Exclusion does not apply
- IA:** Exclusions and Limitations headers renamed to Exclusions and Limitations for Critical Illness Covered Conditions and Critical Illness Cancer Covered Conditions
- ID:** War or Armed Conflict Exclusion replaced with War; Felonies and Illegal Occupations Exclusion replaced with Felonies; Intoxicants and Narcotics Exclusion does not apply; Domestic Partner added to Spouse
- IL:** Alcoholism or Drug Addiction Exclusion replaced with Alcoholism or Substance Abuse Disorder
- KS:** Alcoholism or Drug Addiction Exclusion does not apply
- KY:** Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics Exclusion replaced with Intoxicants, Narcotics and Hallucinogenics.
- LA:** Alcoholism or Drug Addiction Exclusion does not apply; Domestic Partner added to Spouse
- MA:** Exclusions and Limitations headers renamed to Limitations and Exclusions for critical illness and cancer
- MI:** Intoxicants and Narcotics Exclusion does not apply; Suicide Exclusion does not apply
- MN:** Alcoholism or Drug Addiction Exclusion does not apply; Suicide Exclusion does not apply; Felonies and Illegal Occupations Exclusion replaced with Felonies or Illegal Jobs; Intoxicants and Narcotics Exclusion replaced with Narcotic Addiction
- MS:** Alcoholism or Drug Addiction Exclusion does not apply
- ND:** Alcoholism or Drug Addiction Exclusion does not apply
- NV:** Intoxicants and Narcotics Exclusion does not apply; Domestic Partner added to Spouse
- PA:** Alcoholism or Drug Addiction Exclusion does not apply; Suicide Exclusion: whether sane or not removed
- SD:** Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics Exclusion does not apply
- TX:** Alcoholism or Drug Addiction Exclusion does not apply; Doctor or Physician Relationship added as an additional exclusion
- UT:** Alcoholism or Drug Addiction Exclusion replaced with Alcoholism
- VT:** Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics Exclusion does not apply; Suicide Exclusion: whether sane or not removed

STATE-SPECIFIC PRE-EXISTING CONDITION LIMITATIONS

- FL:** Pre-existing is 6/12; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within six months before the coverage effective date shown on the Certificate Schedule. Genetic information is not a pre-existing condition in the absence of a diagnosis of the condition related to such information.
- GA:** Pre-existing Condition means the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care, or treatment, or a condition for which medical advice or treatment was recommended by or received within 12 months preceding the coverage effective date.
- ID:** Pre-existing is 6 months/12 months; Pre-existing Condition means a sickness or physical condition which caused a covered person to seek medical advice, diagnosis, care or treatment during the six months immediately preceding the coverage effective date shown on the Certificate Schedule.
- IL:** Pre-existing Condition means a sickness or physical condition for which a covered person was diagnosed, treated, had medical testing by a legally qualified physician, received medical advice, produced symptoms or had taken medication within 12 months before the coverage effective date shown on the Schedule of Benefits.
- IN:** Pre-existing is 6 months/12 months
- MA:** Pre-existing is 6 months/12 months; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, or received medical advice within six months before the coverage effective date shown on the Certificate Schedule.
- ME:** Pre-existing is 6 months/6 months; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, or received medical advice within six months before the coverage effective date shown on the Certificate Schedule.
- MI:** Pre-existing is 6 months/6 months
- NC:** Pre-existing Condition means those conditions for which medical advice, diagnosis, care, or treatment was received or recommended within the one-year period immediately preceding the effective date of a covered person. If a covered person is 65 or older when this certificate is issued, pre-existing conditions for that covered person will include only conditions specifically eliminated.
- NV:** Pre-existing is 6 months/12 months; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within six months before the coverage effective date. Pre-existing Condition does not include genetic information in the absence of a diagnosis of the condition related to such information.
- PA:** Pre-existing is 90 days/12 months; Pre-existing Condition means a disease or physical condition for which you received medical advice or treatment within 90 days before the coverage effective date shown on the Certificate Schedule.
- SD:** Pre-existing is 6 months/12 months
- TX:** Pre-existing condition means a sickness or physical condition for which a covered person received medical advice or treatment within 12 months before the coverage effective date shown on the Certificate Schedule.
- UT:** Pre-existing is 6 months/6 months

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CRITICAL ILLNESS BENEFIT PREMIUMS

Plan 1 - Critical Illness					
Rates illustrated per unit. Named Insured unit value = \$1000					
Issue Age	Deduction	Named Insured	Employee & Spouse	One-Parent Family	Two Parent Family
Non-Tobacco					
17-24	10-Pay Premium	\$0.28	\$0.37	\$0.28	\$0.37
	12-Pay Premium	\$0.22	\$0.31	\$0.22	\$0.31
25-29	10-Pay Premium	\$0.36	\$0.52	\$0.36	\$0.52
	12-Pay Premium	\$0.30	\$0.43	\$0.30	\$0.43
30-34	10-Pay Premium	\$0.46	\$0.66	\$0.46	\$0.66
	12-Pay Premium	\$0.38	\$0.55	\$0.38	\$0.55
35-39	10-Pay Premium	\$0.68	\$1.02	\$0.68	\$1.02
	12-Pay Premium	\$0.57	\$0.85	\$0.57	\$0.85
40-44	10-Pay Premium	\$0.92	\$1.37	\$0.92	\$1.37
	12-Pay Premium	\$0.77	\$1.14	\$0.77	\$1.14
45-49	10-Pay Premium	\$1.30	\$1.98	\$1.30	\$1.98
	12-Pay Premium	\$1.08	\$1.65	\$1.08	\$1.65
50-54	10-Pay Premium	\$1.73	\$2.68	\$1.73	\$2.68
	12-Pay Premium	\$1.44	\$2.23	\$1.44	\$2.23
55-59	10-Pay Premium	\$2.28	\$3.53	\$2.28	\$3.53
	12-Pay Premium	\$1.90	\$2.94	\$1.90	\$2.94
60-64	10-Pay Premium	\$3.12	\$4.82	\$3.12	\$4.82
	12-Pay Premium	\$2.60	\$4.02	\$2.60	\$4.02
65-69	10-Pay Premium	\$3.41	\$5.26	\$3.41	\$5.26
	12-Pay Premium	\$2.84	\$4.38	\$2.84	\$4.38
70-74	10-Pay Premium	\$3.92	\$6.05	\$3.92	\$6.05
	12-Pay Premium	\$3.27	\$5.04	\$3.27	\$5.04

Wellbeing Assistance Benefit					
Rates by wellbeing amount = 1 unit					
Wellbeing Amount		Named Insured	Employee & Spouse	One-Parent Family	Two Parent Family
\$100	10-Pay Premium	\$7.88	\$12.42	\$7.88	\$12.42
	12-Pay Premium	\$8.65	\$10.35	\$8.65	\$10.35

 Sample rates only. Multiple choices and options available and rates may vary.



CRITICAL ILLNESS BENEFIT PREMIUMS

Plan 2 - Critical Illness & Cancer Benefits					
Rates illustrated per unit. Named Insured unit value = \$1000					
Issue Age	Deduction	Named Insured	Employee & Spouse	One-Parent Family	Two Parent Family
Non-Tobacco					
17-24	10-Pay Premium	\$0.48	\$0.68	\$0.48	\$0.68
	12-Pay Premium	\$0.40	\$0.57	\$0.40	\$0.57
25-29	10-Pay Premium	\$0.68	\$1.00	\$0.68	\$1.00
	12-Pay Premium	\$0.57	\$0.83	\$0.57	\$0.83
30-34	10-Pay Premium	\$0.90	\$1.31	\$0.90	\$1.31
	12-Pay Premium	\$0.75	\$1.09	\$0.75	\$1.09
35-39	10-Pay Premium	\$1.38	\$2.04	\$1.38	\$2.04
	12-Pay Premium	\$1.15	\$1.70	\$1.15	\$1.70
40-44	10-Pay Premium	\$1.86	\$2.76	\$1.86	\$2.76
	12-Pay Premium	\$1.55	\$2.30	\$1.55	\$2.30
45-49	10-Pay Premium	\$2.65	\$3.98	\$2.65	\$3.98
	12-Pay Premium	\$2.21	\$3.32	\$2.21	\$3.32
50-54	10-Pay Premium	\$3.43	\$5.21	\$3.43	\$5.21
	12-Pay Premium	\$2.86	\$4.34	\$2.86	\$4.34
55-59	10-Pay Premium	\$4.51	\$6.85	\$4.51	\$6.85
	12-Pay Premium	\$3.76	\$5.71	\$3.76	\$5.71
60-64	10-Pay Premium	\$6.16	\$9.35	\$6.16	\$9.35
	12-Pay Premium	\$5.13	\$7.79	\$5.13	\$7.79
65-69	10-Pay Premium	\$7.55	\$11.48	\$7.55	\$11.48
	12-Pay Premium	\$6.29	\$9.57	\$6.29	\$9.57
70-74	10-Pay Premium	\$7.55	\$11.48	\$7.55	\$11.48
	12-Pay Premium	\$6.29	\$9.57	\$6.29	\$9.57

Wellbeing Assistance Benefit					
Rates by wellbeing amount = 1 unit					
Wellbeing Amount		Named Insured	Employee & Spouse	One-Parent Family	Two Parent Family
\$100	10-Pay Premium	\$7.98	\$12.42	\$7.98	\$12.42
	12-Pay Premium	\$8.65	\$10.35	\$8.65	\$10.35

 Sample rates only. Multiple choices and options available and rates may vary.

Click on the video below to learn more about Short-Term Disability Benefits!



SHORT-TERM DISABILITY BENEFITS





NC Educator Short-Term Disability

North Carolina Educator Disability insurance¹ from Colonial Life is designed to provide financial protection for all education workers with plans that can help supplement and/or complement the Disability Income Plan of North Carolina. NC Educator Disability insurance provides flexible options for disability coverage and accidental injury benefits to help protect your income and maintain lifestyle needs if you become disabled due to a covered accident or sickness.

My Disability Coverage Worksheet

(For use with your Colonial Life Benefits Counselor)

Employee Coverage (includes both on- and off-job benefits)

How much coverage do I need?

- Total Disability**

On-Job Accident/Sickness	Off-Job Accident/Sickness
First 3 months \$_____/month	\$_____/month
Next 9 months \$_____/month	\$_____/month
- Partial Disability**

Up to 3 months \$_____/month	\$_____/month
------------------------------	---------------

When will my benefits start?

After an Accident: _____ days After a Sickness: _____ days

What additional features or benefits are included?

- Normal pregnancy is covered the same as any other covered sickness.
- Waiver of Premium: We will waive your premium payments after 90 consecutive days of a covered disability.
- Goodwill Child Benefit: \$1,000, up to two benefits per year for adoption or ward of a guardian
- Mental or Nervous Disorders Benefit

How much will it cost?

Your cost will vary based on the level of coverage you select.



How long could you afford to go without a paycheck?

Monthly Expenses:

Mortgage/rent	\$_____
Groceries	\$_____
Car	\$_____
Medical bills	\$_____
Utilities	\$_____
Other	\$_____
TOTAL	\$_____



Disability benefits and more

Anita teaches at a local community college and enjoys spending time on active hobbies and volunteering with non-profits. When she was injured in a mountain biking accident, she worried that she might not be able to make ends meet for a while.

How Anita's coverage helped*

With her coverage, she received benefits for:

- Accident emergency treatment\$400
- X-ray \$150
- Collarbone fracture requiring surgery.. \$1,200
- Elbow dislocation (nonsurgical).....\$400
- Hospital stay of 3 nights \$150
- Short-term disability benefits \$1,400

Total amount: \$3,700

**For illustrative purposes only. Coverage amounts may vary based on injury, treatment, income and more.*

Additional Employee Coverage

In addition to disability coverage, this plan also provides employees with benefits related to accidental injuries, their treatment and more. Even if you're not disabled, the following benefits are payable for covered accidental injuries or sickness:

ACCIDENTAL INJURIES BENEFITS

- Accident Emergency Treatment \$400
- X-ray \$150
- Accident Follow-up Treatment (including transportation)/Telemedicine \$75
(up to 6 benefits per accident per person, up to 12/year per person)

HOSPITAL CONFINEMENT BENEFIT FOR ACCIDENT OR SICKNESS

Pays in addition to disability benefit. Benefits begin on the first day of confinement in a hospital.

Up to 3 months \$1,500/month (\$50/day)

The Hospital Confinement benefit increases to \$7,500/month when the Total Disability benefit ends at age 70.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

- Accidental Death\$25,000
- Loss of a Finger or Toe
Single Dismemberment\$750
Double Dismemberment..... \$1,500
- Loss of a Hand, Foot or Sight of an Eye
Single Dismemberment\$5,000
Dismemberment\$10,000
- Common Carrier Death (includes school bus for school activities)\$50,000

COMPLETE FRACTURES

	Nonsurgical	Surgical
• Hip, Thigh	\$1,500	\$3,000
• Vertebrae	\$1,350	\$2,700
• Pelvis	\$1,200	\$2,400
• Skull (depressed)	\$1,500	\$3,000
• Leg	\$900	\$1,800
• Foot, Ankle, Kneecap	\$750	\$1,500
• Forearm, Hand, Wrist	\$750	\$1,500
• Lower Jaw	\$600	\$1,200
• Shoulder Blade, Collarbone	\$600	\$1,200
• Skull (simple)	\$525	\$1,050
• Upper Arm, Upper Jaw	\$525	\$1,050
• Facial Bones	\$450	\$900
• Vertebral Processes	\$300	\$600
• Rib	\$300	\$600
• Finger, Toe	\$175	\$350
• Coccyx.....	\$125	\$250

COMPLETE DISLOCATIONS	Nonsurgical	Surgical
• Hip	\$1,500	\$3,000
• Knee	\$975	\$1,950
• Shoulder	\$750	\$1,500
• Collarbone (sternoclavicular)	\$750	\$1,500
• Ankle, Foot	\$750	\$1,500
• Collarbone (acromioclavicular and separation)	\$675	\$1,350
• Hand	\$525	\$1,050
• Lower Jaw	\$450	\$900
• Wrist	\$400	\$800
• Elbow	\$400	\$800
• One Finger, Toe	\$125	\$250

- For a chip fracture, your benefit would be 25% of the amount shown. Chip fractures are those in which a fragment of bone is broken off near a joint at a point where a ligament is attached.
- For multiple fractures or dislocations, we will pay for both, up to 2 times the highest amount.
- For your first dislocation, you would receive the amount shown; however, recurrent dislocations of the same joint are not covered.

Optional Spouse and Dependent Child(ren) Coverage

You may cover one or all of the eligible dependent members of your family for an additional premium. Eligible dependents include your spouse and ALL dependent children who are younger than age 26.

ACCIDENTAL INJURIES BENEFITS

- Accident Emergency Treatment \$400
- X-ray \$150
- Accident Follow-up Treatment
(including transportation)/Telemedicine \$75
(up to 6 benefits per accident per person, up to 12/year per person)

HOSPITAL CONFINEMENT BENEFIT FOR ACCIDENT OR SICKNESS

Up to 3 months \$1,500/month (\$50/day)

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

- Accidental Death \$5,000
- Loss of a Finger or Toe
Single Dismemberment \$75
Double Dismemberment \$150
- Loss of a Hand, Foot or Sight of an Eye
Single Dismemberment \$500
Double Dismemberment \$1,000
- Common Carrier Death (includes school bus for school activities) \$10,000



More than 1 in 4 of
20-year-olds become
disabled before
retirement age.²

Frequently Asked Questions

Will my disability income payment be reduced if I have other insurance?

Benefits are payable regardless of workers' compensation or any other insurance you may have with other insurance companies. Benefits are payable directly to you (unless you specify otherwise).

When am I considered totally disabled?

Totally disabled means you are:

- Unable to perform the material and substantial duties of your occupation;
- Not, in fact, working at any occupation; and
- Under the regular and appropriate care of a doctor.

What if I want to return to work part time after I am totally disabled?

You may be able to return to work part time and still receive benefits. We call this "Partial Disability." This means you may be eligible for coverage if:

- You are unable to perform the material and substantial duties of your job for more than half of your normally weekly scheduled hours;
- You are able to work at your job or your place of employment for less than half of your normally weekly scheduled hours;
- Your employer will allow you to return to your job or place of employment for less than half of your normally weekly scheduled hours; and
- You are under the regular and appropriate care of a doctor.

The total disability benefit must have been paid for at least 14 days immediately prior to your being partially disabled.

When do disability benefits end?

The Total Disability Benefit will end on the policy anniversary date on or next following your 70th birthday.

The Hospital Confinement benefit increases when the Total Disability Benefit ends.

Can I keep my coverage if I change jobs?

If you change jobs or retire, you can take your coverage with you at no additional cost. Your coverage is guaranteed renewable for life as long as you pay your premiums when they are due or within the grace period.

How do I file a claim?

Visit coloniallife.com or call our Policyholder Service Center at 1-800-325-4368 for additional information.

What is a pre-existing condition?

A pre-existing condition means a sickness or physical condition for which any covered person was treated, received medical advice, or had taken medication within 12 months before the effective date of the policy. If you are age 65 or older when the policy is issued, pre-existing conditions include only conditions specifically excluded from coverage by the rider.

If you become disabled due to a pre-existing condition, we will not pay for any disability period if it begins during the first 12 months the policy is in force.

What is the Mental or Nervous Disorder benefit?

This benefit provides coverage for a disability due to a mental or nervous condition. Coverage provides a benefit up to three months per occurrence, with a cumulative lifetime maximum benefit of 24 months.



For more information, talk with your Colonial Life benefits counselor.

1. NC Educator Disability is the marketing name of the insurance product filed as "Disability Income Insurance Policy."
2. U.S. Social Security Administration, The Faces and Facts of Disability. <https://www.ssa.gov/disabilityfacts/facts.html>. Accessed April 2021.

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for losses that are caused by or are the result of: Cosmetic Surgery, Felonies and Illegal Occupations, Flying, Hazardous Avocations, Intoxicants and Narcotics, Racing, Semiprofessional or Professional Sports, Substance Abuse, Suicide or Self-Inflicted Injuries, and War or Armed Conflict.

This information is not intended to be a complete description of the insurance coverage available. The policy may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. Applicable to policy form NCK1100. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

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For more information,
talk with your
benefits counselor.

ColonialLife.com

A baby changes everything – even your financial situation.

Disability insurance can help you pay for everyday living expenses and keep you focused on taking care of the new addition to your family.

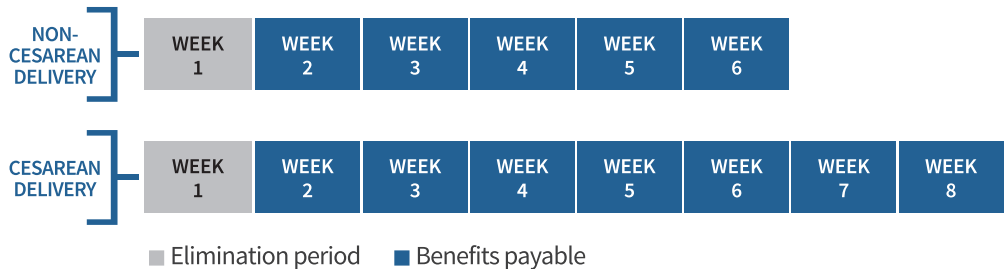
How disability insurance can help

- The usual recovery period is six weeks (non-cesarean delivery) or eight weeks (cesarean delivery). If your claim is approved, your benefits will start after you satisfy your elimination period (waiting period).
- Benefits are paid directly to you to use as you see fit.
- Your disability benefits are not affected by your employer’s leave of absence program, the Family Medical Leave Act (FMLA), your sick leave or paid time off/vacation time.
- If you were not pregnant before your coverage effective date, pregnancy complications, such as pre-term labor, gestational diabetes and pre-eclampsia, are treated just like any other covered sickness.

Your disability policy may have a giving birth limitation. If so, this means Colonial Life will not pay disability benefits if you give birth within the first nine months after your coverage effective date. If the pregnancy is considered a pre-existing condition, any dates missed from work due to pregnancy, delivery, or associated complications may not be covered. Please refer to your disability sales brochure.

Understanding your elimination period (waiting period)

If your claim is approved, your benefits will start after you have satisfied the elimination period, which is the period of time that no benefits are payable. Your elimination period may vary based on the plan you select.



For illustrative purposes only. Example based on a seven-day elimination period.

Although the above example shows benefits payable for five or seven weeks after the elimination period, the policy provides a monthly benefit. After deducting the elimination period and paying any full months of disability, the remaining dates will be paid using the daily rate.

Filing your disability claim

If there are no complications, you should file your claim after delivery. For complications before delivery, you should file your claim as soon as the doctor indicates you are unable to continue working.

This information is not intended to be a complete description of the insurance coverage available. The insurance has exclusions and limitations which may affect any benefits payable. Coverage type and benefits may vary by state and may not be available in all states. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

Applicable to policy forms ISTD3000 and rider form ISTD3000-ADIB (including state abbreviations where used, for example: ISTD3000-TX and ISTD3000-ADIB-TX). Applicable to policy form DIS1000 including state abbreviations where used. Applicable to ED DIS1.0 including state abbreviations where used. Applicable to policy form ICC21-DIP3000 and ICC21-DIP3000-R-DIS. Applicable to policy forms GDIS-P and certificate form GDIS-C (including state abbreviations where used, for example: GDIS-P-EE-TX and GDIS-C-EE-TX). Applicable to policy form VSTDMP and certificate form VSTDC including state abbreviations where used. For cost and complete details of coverage, call or write your Colonial Life benefits representative or the company.

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Click on the video below to learn more about Long-Term Disability Benefits!



LONG-TERM DISABILITY BENEFITS



Voluntary Long-Term Disability insurance



Benefit Highlights

For All Eligible Employees of Winston-Salem/Forsyth County Board of Education

Long-Term Disability insurance provides you with a monthly cash benefit to help pay for everyday expenses (such as mortgage/rent, utilities, childcare, or groceries) if a covered disability like a back injury or chronic illness takes you away from work for an extended time.

Benefits	
Monthly benefit (after your claim is approved)	Get a monthly check of \$500 to \$2,500 in any \$100 increment you choose that replaces up to 60% of your Total Monthly Earnings.
Guaranteed Issue Amount	\$2,500
When benefits begin	Benefits begin as soon as 90 days
Benefits may be paid for	Up to 5 years graded, or until you reach retirement age. See Q&A section for schedule of benefits.

NOTE: This is an increment plan. There are no offsets for NC Teachers Retirement Disability Income Plan, the Public Employees' Retirement System (PERS), the State Teachers' Retirement System (STRS), or for Social Security Disability Benefits, but income from other sources could reduce your benefit amount.

Additional plan features

- You're covered for injury or sickness 24 hours a day, seven days a week, on or off the job.
- Qualify for additional benefits if your covered disability begins with a hospital stay of 14 days or more.
- A vocational rehabilitation counselor will work with you, when appropriate, to create a return-to-work plan that's right for you

Employee coverage and monthly cost for Long-Term Disability

The chart below shows possible coverage amounts and corresponding costs per monthly pay period. Locate the annual earnings closest to your salary, without exceeding it. The corresponding coverage amount represents the maximum coverage you could select.

Annual earnings	Monthly coverage amounts	Monthly costs
\$10,000	\$500	\$5.75
\$20,000	\$1,000	\$11.50
\$30,000	\$1,500	\$17.25
\$40,000	\$2,000	\$23.00
\$50,000	\$2,500	\$28.75



Long-term disability Q&A

What happens if I become disabled?

Contact your employer to report your disability and to check whether you are insured under the policy and eligible to file a claim for long-term disability insurance benefits. You will have to wait a certain number of days (see “when benefits begin”), for your benefits to kick in after you are no longer able to work due to a covered disability.

How do I qualify for benefits?

You’ll start receiving disability payments if you satisfy the Elimination Period (see “When benefits begin” in the table) and meet the definition of disability.

What if I have a pre-existing condition?

If you submit a claim within 12 months of your insurance taking effect, or 12 months following any increase in your amount of insurance, we will not pay any benefit for any pre-existing condition. A pre-existing condition includes anything you have sought treatment for in the 3 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescription for drugs or medicine.

How do I file a claim?

To file your claim, we need to receive information from you about your doctor, your income and your critical condition. We’ll ask for you to authorize the release and disclosure of information, like medical records, to help us evaluate your claim. Your doctor will also need to fill out a form that provides us with specific medical information about your condition and expected recovery. Forms may be downloaded from www.sunlife.com/us. Make sure to complete and sign all forms, as missing information or signatures can delay your claim.

Whom can I contact with questions about my coverage?

After the effective date of your coverage, contact our Customer Service representatives at 800-247-6875, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday.

Regarding how long benefits are paid: what does “up to 5 years graded” mean?

Depending on what age you are when you become disabled, that will determine how long your benefit is paid to you.

Age at Disablement	Benefit Duration Limit
Less than 61	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and older	12 months

Important Plan Provisions



Limitations and exclusions*

We will not pay a benefit that is caused by, contributed to in any way or resulting from: intentionally self-inflicted injuries; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; operation of a motorized vehicle while intoxicated. We will not pay a benefit if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.); or for any Period of disability during which you are incarcerated.

* The above exclusions and limitations may vary by state law and regulations. Please see the certificate or ask your benefits administrator for information on Elimination Periods, Waiting Periods, and Pre-Existing Conditions limitations, where applicable.

Safeguard your finances so you can focus on your health during a long-term disability.

The Effective Date of any initial, increased or additional insurance will be delayed for an Employee if he or she is not Actively at Work. The initial, increased or additional insurance will become effective on the date the Employee returns to an Actively at Work status. An Employee is considered Actively at Work if he or she performs all the regular duties of his or her job for a full work day scheduled by the Employer at the Employer's normal place of business or a site where the Employer's business requires the Employee to travel.

This coverage does not constitute comprehensive health insurance (often referred to as "major medical coverage") and does not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act.

If your disability coverage is paid with pre-tax dollars, the benefit payments will be fully or partially taxable under federal tax law based on the percentage of the premiums paid with pre-tax dollars. State tax laws for disability benefit payments vary and other tax considerations apply. Please consult your legal or tax advisor for more information. Sun Life does not provide tax advice.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern.

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 15-GP-01, 12-DI-C-01, 12-GPPort-P-01, 12-STDPort-C-01, 16-DI-C-01, TDBPOLICY-2006, and TDI-POLICY. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Lansing, MI) under Policy Form Series 15-GP-01, 13-GP-LH-01, 13-LTD-C-01, 13-STD-C-01, 06P-NY-DBL, 12-GPPort-01, and 12-STDPort-C-01. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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GVLTDBH-EE-7689

SLPC 29107 6/18 (exp. 1/20)

Click on the video below to learn more
about Accident Benefits!



ACCIDENT BENEFITS



Accidents happen in places where you and your family spend the most time – at work, in the home and on the playground – and they're unexpected. How you care for them shouldn't be.

In your lifetime, which of these accidental injuries have happened to you or someone you know?

- Sports-related accidental injury
- Broken bone
- Burn
- Concussion
- Laceration
- Back or knee injuries
- Car accidents
- Falls & spills
- Dislocation
- Accidental injuries that send you to the Emergency Room, Urgent Care or doctor's office

Colonial Life's Accident Insurance is designed to help you fill some of the gaps caused by increasing deductibles, co-payments and out-of-pocket costs related to an accidental injury. The benefit to you is that you may not need to use your savings or secure a loan to pay expenses. Plus you'll feel better knowing you can have greater financial security.

What additional features are included?

- Worldwide coverage
- Portable
- Compliant with Healthcare Spending Account (HSA) guidelines

Will my accident claim payment be reduced if I have other insurance?

You're paid regardless of any other insurance you may have with other insurance companies, and the benefits are paid directly to you (unless you specify otherwise).

What if I change employers?

If you change jobs or leave your employer, you can take your coverage with you at no additional cost. Your coverage is guaranteed renewable as long as you pay your premiums when they are due or within the grace period.

Can my premium change?

Colonial Life can change your premium only if we change it on all policies of this kind in the state where your policy was issued.

How do I file a claim?

Visit coloniallife.com or call our Customer Service Department at 1.800.325.4368 for additional information.

Benefits listed are for each covered person per covered accident unless otherwise specified.

Initial Care

- Accident Emergency Treatment..... \$150
- X-ray Benefit.....\$50
- Ambulance\$400
- Air Ambulance..... \$2,000

Common Accidental Injuries

Dislocations (Separated Joint)	Non-Surgical	Surgical
Hip	\$6,600	\$13,200
Knee (except patella)	\$3,300	\$6,600
Ankle – Bone or Bones of the Foot (other than Toes)	\$2,640	\$5,280
Collarbone (Sternoclavicular)	\$1,650	\$3,300
Lower Jaw, Shoulder, Elbow, Wrist	\$990	\$1,980
Bone or Bones of the Hand	\$990	\$1,980
Collarbone (Acromioclavicular and Separation)	\$330	\$660
One Toe or Finger	\$330	\$660

Fractures	Non-Surgical	Surgical
Depressed Skull	\$5,500	\$11,000
Non-Depressed Skull	\$2,200	\$4,400
Hip, Thigh	\$3,300	\$6,600
Body of Vertebrae, Pelvis, Leg	\$1,650	\$3,300
Bones of Face or Nose (except mandible or maxilla)	\$770	\$1,540
Upper Jaw, Maxilla	\$770	\$1,540
Upper Arm between Elbow and Shoulder	\$770	\$1,540
Lower Jaw, Mandible, Kneecap, Ankle, Foot	\$660	\$1,320
Shoulder Blade, Collarbone, Vertebral Process	\$660	\$1,320
Forearm, Wrist, Hand	\$660	\$1,320
Rib	\$550	\$1,100
Coccyx	\$440	\$880
Finger, Toe	\$220	\$440

Your Colonial Life policy also provides benefits for the following injuries received as a result of a covered accident.

- Burn (based on size and degree) \$1,000 to \$12,000
- Coma.....\$10,000
- Concussion\$150
- Emergency Dental Work\$75 Extraction, \$300 Crown, Implant, or Denture
- Lacerations (based on size)..... \$50 to \$800

Requires Surgery

- Eye Injury.....\$300
- Tendon/Ligament/Rotator Cuff.....\$500 - one, \$1,000 - two or more
- Ruptured Disc\$500
- Torn Knee Cartilage\$500

Surgical Care

- Surgery (cranial, open abdominal or thoracic) \$1,500
- Surgery (hernia)\$150
- Surgery (arthroscopic or exploratory)\$250
- Blood/Plasma/Platelets\$300

Transportation/Lodging Assistance

If injured, covered person must travel more than 50 miles from residence to receive special treatment and confinement in a hospital.

- Transportation.....\$500 per round trip up to 3 round trips
- Lodging (family member or companion).....\$125 per night up to 30 days for a hotel/motel lodging costs

Accident Hospital Care

- Hospital Admission* \$1,500 per accident
 - Hospital ICU Admission* \$3,000 per accident
- * We will pay either the Hospital Admission or Hospital Intensive Care Unit (ICU) Admission, but not both.*
- Hospital Confinement \$250 per day up to 365 days per accident
 - Hospital ICU Confinement\$500 per day up to 15 days per accident

Accident Follow-Up Care

- Accident Follow-Up Doctor Visit \$50 (up to 3 visits per accident)
- Medical Imaging Study\$250 per accident
(limit 1 per covered accident and 1 per calendar year)
- Occupational or Physical Therapy \$35 per treatment up to 10 days
- Appliances \$125 (such as wheelchair, crutches)
- Prosthetic Devices/Artificial Limb \$500 - one, \$1,000 - more than 1
- Rehabilitation Unit.....\$100 per day up to 15 days per covered accident,
and 30 days per calendar year.
Maximum of 30 days per calendar year

Accidental Dismemberment

- Loss of Finger/Toe\$750 – one, \$1,500 – two or more
- Loss or Loss of Use of Hand/Foot/Sight of Eye\$7,500 – one, \$15,000 – two or more

Catastrophic Accident

For severe injuries that result in the total and irrecoverable:

- Loss of one hand and one foot
- Loss of both hands or both feet
- Loss or loss of use of one arm and one leg or
- Loss or loss of use of both arms or both legs
- Loss of the sight of both eyes
- Loss of the hearing of both ears
- Loss of the ability to speak

Named Insured \$25,000 Spouse\$25,000 Child(ren).....\$12,500

365-day elimination period. Amounts reduced for covered persons age 65 and over.

Payable once per lifetime for each covered person.

Accidental Death

	Accidental Death	Common Carrier
● Named Insured	\$25,000	\$100,000
● Spouse	\$25,000	\$100,000
● Child(ren)	\$5,000	\$20,000

Health Screening Benefit

- \$50 per covered person per calendar year

Provides a benefit if the covered person has one of the health screening tests performed.

This benefit is payable once per calendar year per person and is subject to a 30-day waiting period.

Tests include:

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA125 (blood test for ovarian cancer)
- Carotid doppler
- CEA (blood test for colon cancer)
- Chest x-ray
- Colonoscopy
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test to determine level of HDL and LDL
- Serum protein electrophoresis (blood test for myeloma)
- Stress test on a bicycle or treadmill
- Skin cancer biopsy
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

My Coverage Worksheet (For use with your Colonial Life benefits counselor)

Who will be covered? (check one)

- Employee Only Spouse Only One Child Only Employee & Spouse
- One-Parent Family, with Employee One-Parent Family, with Spouse Two-Parent Family

When are covered accident benefits available? (check one)

- On and Off -Job Benefits Off -Job Only Benefits

EXCLUSIONS

We will not pay benefits for losses that are caused by or are the result of: hazardous avocations; felonies or illegal occupations; racing; semi-professional or professional sports; sickness; suicide or self-inflicted injuries; war or armed conflict; in addition to the exclusions listed above, we also will not pay the Catastrophic Accident benefit for injuries that are caused by or are the result of: birth; intoxication.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy form Accident 1.0-HS-NC. This is not an insurance contract and only the actual policy provisions will control.

Colonial Life

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6-14

71740-NC

	12 Deductions
Named Insured	\$21.15
Employee & Spouse	\$28.97
One-Parent Family	\$32.67
Two-Parent Family	\$40.48



ACCIDENT BENEFIT PREMIUMS

Preferred with HealthScreening - On/Off-Job Accident Coverage

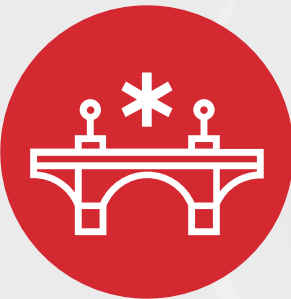
	10 Deductions	12 Deductions
Named Insured	\$25.38	\$21.15
Employee & Spouse	\$34.76	\$28.97
One-Parent Family	\$39.20	\$32.67
Two-Parent Family	\$48.58	\$40.48

Preferred with HealthScreening - Off-Job Only Accident Coverage

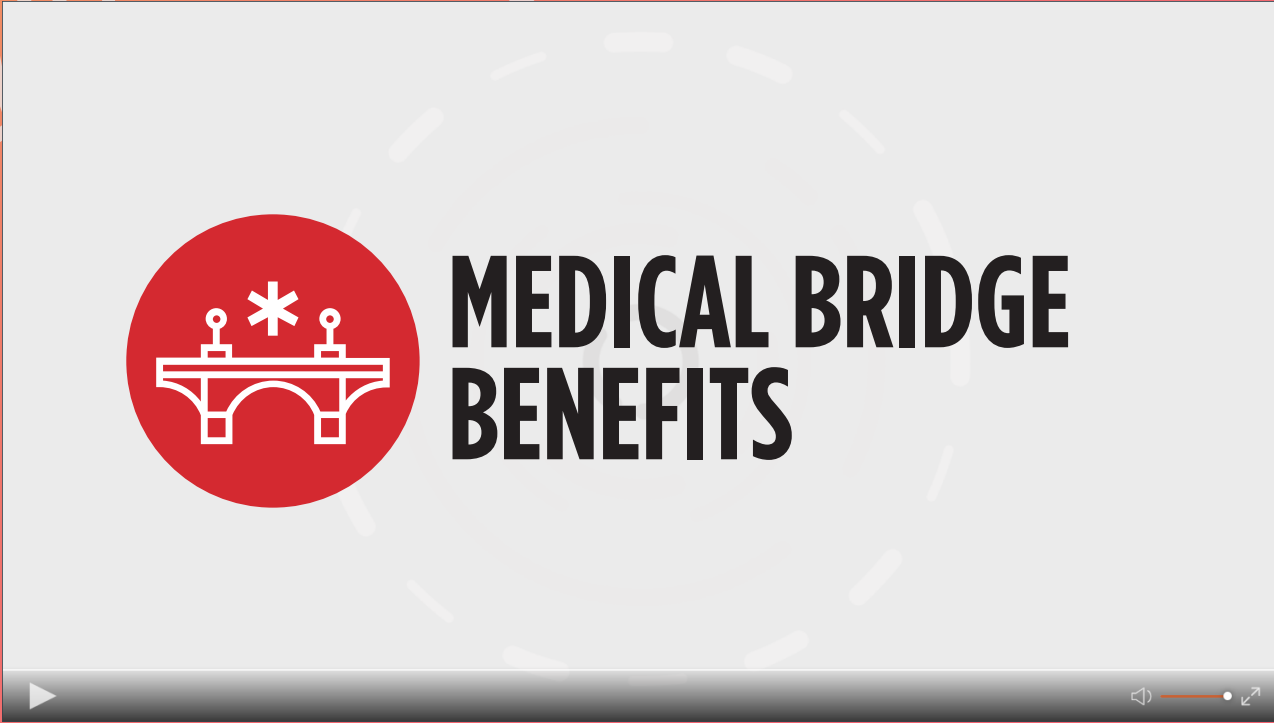
	10 Deductions	12 Deductions
Named Insured	\$21.50	\$17.92
Employee & Spouse	\$28.75	\$23.96
One-Parent Family	\$31.87	\$26.56
Two-Parent Family	\$39.13	\$32.61

 Sample rates only. Multiple choices and options available and rates may vary.

Click on the video below to learn more about Medical Bridge Benefits!



MEDICAL BRIDGE BENEFITS



Hospital Confinement Indemnity Insurance

Plan 2



Our Individual Medical BridgeSM insurance can help with medical costs that your health insurance may not cover. These benefits are available for you, your spouse and eligible dependent children.

Hospital confinement \$ _____
Maximum of one benefit per covered person per calendar year

Observation room \$100 per visit
Maximum of two visits per covered person per calendar year

Rehabilitation unit confinement \$100 per day
Maximum of 15 days per confinement with a 30-day maximum per covered person per calendar year

Waiver of premium
Available after 30 continuous days of a covered hospital confinement of the named insured

Outpatient surgical procedure

- **Tier 1** \$ _____
- **Tier 2** \$ _____

Maximum of \$ _____ per covered person per calendar year for all covered outpatient surgical procedures combined

The surgeries listed below are only a sampling of the surgeries that may be covered. Surgeries must be performed by a doctor in a hospital or ambulatory surgical center. For complete details and definitions, please refer to your policy.

Tier 1 outpatient surgical procedures

- **Breast**
 - Axillary node dissection
 - Breast capsulotomy
 - Lumpectomy
- **Cardiac**
 - Pacemaker insertion
- **Digestive**
 - Colonoscopy
 - Fistulotomy
 - Hemorrhoidectomy
 - Lysis of adhesions
- **Skin**
 - Laparoscopic hernia repair
 - Skin grafting
- **Ear, nose, throat, mouth**
 - Adenoidectomy
 - Removal of oral lesions
 - Myringotomy
 - Tonsillectomy
 - Tracheostomy
 - Tympanotomy
- **Gynecological**
 - Dilation and curettage (D&C)
 - Endometrial ablation
 - Lysis of adhesions
- **Liver**
 - Paracentesis
- **Musculoskeletal system**
 - Carpal/cubital repair or release
 - Foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair)
 - Removal of orthopedic hardware
 - Removal of tendon lesion

For more information,
talk with your
benefits counselor.

Tier 2 outpatient surgical procedures

■ Breast

- Breast reconstruction
- Breast reduction

■ Cardiac

- Angioplasty
- Cardiac catheterization

■ Digestive

- Exploratory laparoscopy
- Laparoscopic appendectomy
- Laparoscopic cholecystectomy

■ Ear, nose, throat, mouth

- Ethmoidectomy
- Mastoidectomy
- Septoplasty
- Stapedectomy
- Tympanoplasty

■ Eye

- Cataract surgery
- Corneal surgery (penetrating keratoplasty)
- Glaucoma surgery (trabeculectomy)
- Vitrectomy

■ Gynecological

- Hysterectomy
- Myomectomy

■ Musculoskeletal system

- Arthroscopic knee surgery with meniscectomy (knee cartilage repair)
- Arthroscopic shoulder surgery
- Clavicle resection
- Dislocations (open reduction with internal fixation)
- Fracture (open reduction with internal fixation)
- Removal or implantation of cartilage
- Tendon/ligament repair

■ Thyroid

- Excision of a mass

■ Urologic

- Lithotripsy



ColonialLife.com

THIS POLICY PROVIDES LIMITED BENEFITS.

EXCLUSIONS

We will not pay benefits for losses which are caused by: alcoholism or drug addiction, dental procedures, elective procedures and cosmetic surgery, felonies or illegal occupations, pregnancy of a dependent child, psychiatric or psychological conditions, suicide or injuries which any covered person intentionally does to himself or herself, or war. We will not pay benefits for hospital confinement of a newborn who is neither injured nor sick. We will not pay benefits for loss during the first 12 months after the effective date due to a pre-existing condition. Pre-existing conditions are those conditions whether diagnosed or not, for which a covered person received medical advice, diagnosis or care, or treatment was received or recommended within the one-year period immediately preceding the effective date of the policy. If a covered person is 65 or older when the policy is issued, pre-existing conditions will include only conditions specifically eliminated by rider.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy number IMB7000-NC. This is not an insurance contract and only the actual policy provisions will control.

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Hospital Confinement Indemnity Insurance

Plan 3



Our Individual Medical BridgeSM insurance can help with medical costs that your health insurance may not cover. These benefits are available for you, your spouse and eligible dependent children.

Hospital confinement \$ _____
Maximum of one benefit per covered person per calendar year

Observation room \$100 per visit
Maximum of two visits per covered person per calendar year

Rehabilitation unit confinement \$100 per day
Maximum of 15 days per confinement with a 30-day maximum per covered person per calendar year

Waiver of premium
Available after 30 continuous days of a covered hospital confinement of the named insured

Diagnostic procedure

- **Tier 1** \$250
- **Tier 2** \$500

Maximum of \$500 per covered person per calendar year for all covered diagnostic procedures combined

Outpatient surgical procedure

- **Tier 1** \$ _____
- **Tier 2** \$ _____

Maximum of \$ _____ per covered person per calendar year for all covered outpatient surgical procedures combined

For more information,
talk with your
benefits counselor.

The following is a list of common diagnostic procedures that may be covered.

Tier 1 diagnostic procedures

- **Breast**
 - Biopsy (incisional, needle, stereotactic)
- **Diagnostic radiology**
 - Nuclear medicine test
- **Digestive**
 - Barium enema/lower GI series
 - Barium swallow/upper GI series
 - Esophagogastroduodenoscopy (EGD)
- **Ear, nose, throat, mouth**
 - Laryngoscopy
- **Gynecological**
 - Amniocentesis
 - Cervical biopsy
 - Cone biopsy
 - Endometrial biopsy
 - Hysteroscopy
 - Loop electrosurgical excisional procedure (LEEP)
- **Liver – biopsy**
- **Lymphatic – biopsy**
- **Miscellaneous**
 - Bone marrow aspiration/biopsy
- **Renal – biopsy**
- **Respiratory**
 - Biopsy
 - Bronchoscopy
 - Pulmonary function test (PFT)
- **Skin**
 - Biopsy
 - Excision of lesion
- **Thyroid – biopsy**
- **Urologic**
 - Cystoscopy

Tier 2 diagnostic procedures

- **Cardiac**
 - Angiogram
 - Arteriogram
 - Thallium stress test
 - Transesophageal echocardiogram (TEE)
- **Diagnostic radiology**
 - Computerized tomography scan (CT scan)
 - Electroencephalogram (EEG)
 - Magnetic resonance imaging (MRI)
 - Myelogram
 - Positron emission tomography scan (PET scan)

The surgeries listed below are only a sampling of the surgeries that may be covered. Surgeries must be performed by a doctor in a hospital or ambulatory surgical center. For complete details and definitions, please refer to your policy.

Tier 1 outpatient surgical procedures

- **Breast**
 - Axillary node dissection
 - Breast capsulotomy
 - Lumpectomy
- **Cardiac**
 - Pacemaker insertion
- **Digestive**
 - Colonoscopy
 - Fistulotomy
 - Hemorrhoidectomy
 - Lysis of adhesions
- **Skin**
 - Laparoscopic hernia repair
 - Skin grafting
- **Ear, nose, throat, mouth**
 - Adenoidectomy
 - Removal of oral lesions
 - Myringotomy
 - Tonsillectomy
 - Tracheostomy
 - Tympanotomy
- **Gynecological**
 - Dilation and curettage (D&C)
 - Endometrial ablation
 - Lysis of adhesions
- **Liver**
 - Paracentesis
- **Musculoskeletal system**
 - Carpal/cubital repair or release
 - Foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair)
 - Removal of orthopedic hardware
 - Removal of tendon lesion

Tier 2 outpatient surgical procedures

- **Breast**
 - Breast reconstruction
 - Breast reduction
- **Cardiac**
 - Angioplasty
 - Cardiac catheterization
- **Digestive**
 - Exploratory laparoscopy
 - Laparoscopic appendectomy
 - Laparoscopic cholecystectomy
- **Ear, nose, throat, mouth**
 - Ethmoidectomy
 - Mastoidectomy
 - Septoplasty
 - Stapedectomy
 - Tympanoplasty
- **Eye**
 - Cataract surgery
 - Corneal surgery (penetrating keratoplasty)
 - Glaucoma surgery (trabeculectomy)
 - Vitrectomy
- **Gynecological**
 - Hysterectomy
 - Myomectomy
- **Musculoskeletal system**
 - Arthroscopic knee surgery with meniscectomy (knee cartilage repair)
 - Arthroscopic shoulder surgery
 - Clavicle resection
 - Dislocations (open reduction with internal fixation)
 - Fracture (open reduction with internal fixation)
 - Removal or implantation of cartilage
 - Tendon/ligament repair
- **Thyroid**
 - Excision of a mass
- **Urologic**
 - Lithotripsy

EXCLUSIONS

We will not pay benefits for losses which are caused by: alcoholism or drug addiction, dental procedures, elective procedures and cosmetic surgery, felonies or illegal occupations, pregnancy of a dependent child, psychiatric or psychological conditions, suicide or injuries which any covered person intentionally does to himself or herself, or war. We will not pay benefits for hospital confinement of a newborn who is neither injured nor sick. We will not pay benefits for loss during the first 12 months after the effective date due to a pre-existing condition. Pre-existing conditions are those conditions whether diagnosed or not, for which a covered person received medical advice, diagnosis or care, or treatment was received or recommended within the one-year period immediately preceding the effective date of the policy. If a covered person is 65 or older when the policy is issued, pre-existing conditions will include only conditions specifically eliminated by rider.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy number IMB7000-NC. This is not an insurance contract and only the actual policy provisions will control.

Hospital Confinement Indemnity Insurance

Health Screening



Individual Medical BridgeSM insurance's health screening benefit can help pay for health and wellness tests you have each year.

Health screening \$ _____

Maximum of one health screening test per covered person per calendar year;
subject to a 30-day waiting period

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Carotid Doppler
- Chest X-ray
- Colonoscopy
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test for HDL and LDL levels
- Serum protein electrophoresis (blood test for myeloma)
- Skin cancer biopsy
- Stress test on a bicycle or treadmill
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

For more information,
talk with your
benefits counselor.

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Waiting period means the first 30 days following any covered person's policy coverage effective date, during which no benefits are payable. For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy number IMB7000 (including state abbreviations where used, for example: IMB7000-TX). Coverage may vary by state and may not be available in all states. This is not an insurance contract and only the actual policy provisions will control.

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Hospital Confinement Indemnity Insurance Medical Treatment Package



The medical treatment package for Individual Medical BridgeSM coverage can help pay for deductibles, co-payments and other out-of-pocket expenses related to a covered accident or covered sickness.

The medical treatment package paired with Plan 2 or Plan 3 provides the following benefits:

Air ambulance	\$1,000
Maximum of one benefit per covered person per calendar year	
Ambulance	\$100
Maximum of one benefit per covered person per calendar year	
Appliance	\$100
Maximum of one benefit per covered person per calendar year	
Doctor's office visit	\$25 per visit
Maximum of three visits per calendar year for named insured coverage or maximum of five visits per calendar year for all covered persons combined	
Emergency room visit	\$100 per visit
Maximum of two visits per covered person per calendar year	
X-ray	\$25 per benefit
Maximum of two benefits per covered person per calendar year	

For more information,
talk with your
benefits counselor.

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THIS POLICY PROVIDES LIMITED BENEFITS.

EXCLUSIONS

We will not pay benefits for losses which are caused by: alcoholism or drug addiction, dental procedures, elective procedures and cosmetic surgery, felonies or illegal occupations, pregnancy of a dependent child, psychiatric or psychological conditions, suicide or injuries which any covered person intentionally does to himself or herself, or war.

This information is not intended to be a complete description of the insurance coverage available. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form IMB7000-NC. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

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Hospital Confinement Indemnity Insurance

Optional Riders



Individual Medical BridgeSM offers two optional benefit riders – the daily hospital confinement rider and the enhanced intensive care unit confinement rider. For an additional cost, these riders can help provide extra financial protection to help with out-of-pocket medical expenses.

Daily hospital confinement rider **\$100 per day**
Per covered person per day of hospital confinement
Maximum of 365 days per covered person per confinement

Enhanced intensive care unit confinement rider **\$500 per day**
Per covered person per day of intensive care unit confinement
Maximum of 30 days per covered person per confinement

Re-confinement for the same or related condition within 90 days of discharge is considered a continuation of a previous confinement.

For more information,
talk with your
benefits counselor.

ColonialLife.com

EXCLUSIONS

We will not pay benefits for losses which are caused by: alcoholism or drug addiction, dental procedures, elective procedures and cosmetic surgery, felonies or illegal occupations, pregnancy of a dependent child, psychiatric or psychological conditions, suicide or injuries which any covered person intentionally does to himself or herself, or war. We will not pay benefits for hospital confinement of a newborn who is neither injured nor sick. We will not pay benefits for loss during the first 12 months after the effective date due to a pre-existing condition. Pre-existing conditions are those conditions whether diagnosed or not, for which a covered person received medical advice, diagnosis or care, or treatment was received or recommended within the one-year period immediately preceding the effective date of the policy. If a covered person is 65 or older when the policy is issued, pre-existing conditions will include only conditions specifically eliminated by rider.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to rider numbers R-DHC7000-NC and R-EIC7000-NC. This is not an insurance contract and only the actual policy or rider provisions will control.

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MEDICAL BRIDGE BENEFIT PREMIUMS

INDIVIDUAL MEDICAL BRIDGE Plan 2 Named Insured			
		Level 3	Level 4
Hospital Confinement Medical Treatment Pkg \$100 Health Screening		\$1,500.00	\$2,000.00
Outpatient Surgical Procedure		Option 2 Tier 1 \$750 Tier 2 \$1,500 CY Max \$2,500	Option 2 Tier 1 \$750 Tier 2 \$1,500 CY Max \$2,500
Ages 17-49	10-Pay Premium	\$46.02	\$55.74
	12-Pay Premium	\$38.35	\$46.45
Ages 50-59	10-Pay Premium	\$60.30	\$73.56
	12-Pay Premium	\$50.25	\$61.30
Ages 60-64	10-Pay Premium	\$76.68	\$94.68
	12-Pay Premium	\$63.90	\$78.90
Ages 65-75	10-Pay Premium	\$108.48	\$134.94
	12-Pay Premium	\$90.40	\$112.45

 Sample rates only. Multiple choices and options available and rates may vary.

Click on the video below to learn more about Term Life Insurance!



TERM LIFE INSURANCE





Life insurance protection when you need it most

Life insurance needs change as life circumstances change. You may need different coverage if you're getting married, buying a home or having a child.

Term life insurance from Colonial Life provides protection for a specified period of time, typically offering the greatest amount of coverage for the lowest initial premium. This fact makes term life insurance a good choice for supplementing cash value coverage during life stages when obligations are higher, such as while children are younger. It's also a good option for families on a tight budget — especially since you can convert it to a permanent cash value plan later.

With this coverage:

- A beneficiary can receive a benefit that is typically free from income tax.
- The policy's accelerated death benefit can pay a percentage of the death benefit if the covered person is diagnosed with a terminal illness.
- You can convert it to a Colonial Life cash value insurance plan, with no proof of good health, to age 75.
- Coverage is guaranteed renewable up to age 95 as long as premiums are paid when due.
- Portability allows you to take it with you if you change jobs or retire.

Talk with your Colonial Life benefits counselor to learn more.

ColonialLife.com

Spouse coverage options	Dependent coverage options
<p>Two options are available for spouse coverage at an additional cost:</p> <ol style="list-style-type: none"> 1. Spouse Term Life Policy: Offers guaranteed premiums and level death benefits equivalent to those available to you —whether or not you buy a policy for yourself. 2. Spouse Term Life Rider: Add a term rider for your spouse to your policy, up to a maximum death benefit of \$50,000; 10-year and 20-year are available (20-year rider only available with a 20- or 30-year term policy). 	<p>You may add a Children's Term Life Rider to cover all of your eligible dependent children with up to \$20,000 in coverage each for one premium.</p> <p>The Children's Term Life Rider may be added to either the primary or spouse policy, not both.</p>

If the insured dies by suicide, whether sane or insane, within two years (one year in ND) from the coverage effective date or the date of reinstatement, we will not pay the death benefit. We will terminate this policy and return the premiums paid, without interest. Product may vary by state. For cost and complete details of the coverage, call or write your Colonial Life benefits counselor or the company.

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How much coverage do you need?

YOU \$ _____

Select the term period:

- 10-year
- 15-year
- 20-year
- 30-year

SPOUSE \$ _____

Select the term period:

- 10-year
- 15-year
- 20-year
- 30-year

Select any optional riders:

- Spouse term life rider
\$ _____ face amount
for _____-year term period
- Children's term life rider
\$ _____ face amount
- Accidental death benefit rider
- Critical illness accelerated death benefit rider
- Waiver of premium benefit rider

Optional riders

At an additional cost, you can purchase the following riders for even more financial protection.

Spouse term life rider

Your spouse may receive a maximum death benefit of \$50,000; 10-year and 20-year spouse term riders are available.

Children's term life rider

You can purchase up to \$20,000 in term life coverage for all of your eligible dependent children and pay one premium. The children's term life rider may be added to either your policy or your spouse's policy – not both.

Accidental death benefit rider

The beneficiary may receive an additional benefit if the covered person dies as a result of an accident before age 70. The benefit doubles if the accidental bodily injury occurs while riding as a fare-paying passenger using public transportation, such as ride-sharing services. An additional 25% will be payable if the injury is sustained while driving or riding in a private passenger vehicle and wearing a seatbelt.

Critical illness accelerated death benefit rider

If you suffer a heart attack (myocardial infarction), stroke or end-stage renal (kidney) failure, a \$5,000 benefit is payable.¹ A subsequent diagnosis benefit is included.

Waiver of premium benefit rider

Premiums are waived (for the policy and riders) if you become totally disabled before the policy anniversary following your 65th birthday and you satisfy the six-month elimination period.³

¹ Any payout would reduce the death benefit. Benefits may be taxable as income. Individuals should consult with their legal or tax counsel when deciding to apply for accelerated benefits.

³ You must resume premium payments once you are no longer disabled.

To learn more,
talk with your Colonial Life
benefits counselor.

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EXCLUSIONS AND LIMITATIONS

If the insured dies by suicide, whether sane or insane, within two years (one year in ND) from the coverage effective date or the date of reinstatement, we will not pay the death benefit. We will terminate this policy and return the premiums paid without interest, minus any loans and loan interest to you.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. Applicable to policy forms ICC18-ITL5000/ITL5000 and rider forms ICC18-R-ITL5000-STR/R-ITL5000-STR, ICC18-R-ITL5000-CTR/R-ITL5000-CTR, ICC18-R-ITL5000-WP/R-ITL5000-WP, ICC18-R-ITL5000-ACCD/R-ITL5000-ACCD, ICC18-R-ITL5000-CI/R-ITL5000-CI, ICC18-R-ITL5000-CC/R-ITL5000-CC. For cost and complete details of the coverage, call or write your Colonial Life benefits counselor or the company.

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TERM LIFE INSURANCE PREMIUMS

10-Year Term Base Plan Monthly Non-Tobacco Rates					
Issue Age	Pay Premium	\$10,000.00	\$25,000.00	\$50,000.00	\$100,000.00
25	10-Pay Premium	\$7.97	\$12.72	\$12.25	\$19.70
	12-Pay Premium	\$6.64	\$10.60	\$10.21	\$16.42
30	10-Pay Premium	\$8.47	\$13.98	\$12.25	\$19.70
	12-Pay Premium	\$7.06	\$11.65	\$10.21	\$16.42
35	10-Pay Premium	\$9.08	\$15.53	\$13.50	\$22.20
	12-Pay Premium	\$7.57	\$12.94	\$11.25	\$18.50
40	10-Pay Premium	\$9.58	\$16.75	\$16.85	\$28.90
	12-Pay Premium	\$7.98	\$13.96	\$14.04	\$24.08
45	10-Pay Premium	\$11.00	\$20.30	\$22.34	\$39.90
	12-Pay Premium	\$9.17	\$16.92	\$18.62	\$33.25
50	10-Pay Premium	\$14.06	\$27.95	\$30.70	\$56.59
	12-Pay Premium	\$11.72	\$23.29	\$25.58	\$47.16
55	10-Pay Premium	\$19.40	\$41.33	\$43.64	\$82.50
	12-Pay Premium	\$16.17	\$34.44	\$36.37	\$68.75
60	10-Pay Premium	\$28.03	\$62.87	\$64.75	\$124.69
	12-Pay Premium	\$23.36	\$52.39	\$53.96	\$103.91

20-Year Term Base Plan Monthly Non-Tobacco Rates					
Issue Age	Pay Premium	\$10,000.00	\$25,000.00	\$50,000.00	\$100,000.00
25	10-Pay Premium	\$8.05	\$12.92	\$12.65	\$20.50
	12-Pay Premium	\$6.71	\$10.77	\$10.54	\$17.08
30	10-Pay Premium	\$8.54	\$14.17	\$12.65	\$20.50
	12-Pay Premium	\$7.12	\$11.81	\$10.54	\$17.08
35	10-Pay Premium	\$9.23	\$15.88	\$13.90	\$23.00
	12-Pay Premium	\$7.69	\$13.23	\$11.58	\$19.17
40	10-Pay Premium	\$9.88	\$17.50	\$18.50	\$32.20
	12-Pay Premium	\$8.23	\$14.58	\$15.42	\$26.83
45	10-Pay Premium	\$11.62	\$21.85	\$26.15	\$47.50
	12-Pay Premium	\$9.68	\$18.21	\$21.79	\$39.58
50	10-Pay Premium	\$15.20	\$30.83	\$37.90	\$70.99
	12-Pay Premium	\$12.67	\$25.69	\$31.58	\$59.16
55	10-Pay Premium	\$21.67	\$46.97	\$55.60	\$106.39
	12-Pay Premium	\$18.06	\$39.14	\$46.33	\$88.66
60	10-Pay Premium	\$32.21	\$73.32	\$86.40	\$167.99
	12-Pay Premium	\$26.84	\$61.10	\$72.00	\$139.99

 Sample rates only. Multiple choices and options available and rates may vary.

Click on the video below to learn more about Whole Life Insurance!



WHOLE LIFE INSURANCE





Whole Life Plus Insurance*

You can't predict your family's future, but you can prepare for it.

Help give your family more peace of mind and coverage for final expenses with Colonial Life Individual Whole Life Plus insurance.

Benefits and features

- ✓ Choose the age when your premium payments end – Paid-Up at Age 70 or Paid-Up at Age 100
- ✓ Stand-alone spouse policy available even without buying a policy for yourself
- ✓ Ability to keep the policy if you change jobs or retire
- ✓ Built-in terminal illness accelerated death benefit that provides up to 75% of the policy's death benefit (up to \$150,000) if you're diagnosed with a terminal illness¹
- ✓ Immediate \$3,000 claim payment that can help your designated beneficiary pay for funeral costs or other expenses
- ✓ Provides cash surrender value at age 100 (when the policy ends)

Additional coverage options

Spouse term rider

Cover your spouse with a death benefit up to \$50,000, for 10 or 20 years.

Juvenile Whole Life Plus policy

Purchase a policy (Paid-Up at Age 70) while children are young and premiums are low – whether or not you buy a policy for yourself. You may also increase the coverage when the child is 18, 21 and 24 without proof of good health.

Children's term rider

You may purchase up to \$20,000 in term life insurance coverage for all of your eligible dependent children and pay one premium. The children's term rider may be added to either your policy or your spouse's policy – not both.

Advantages of Whole Life Plus insurance

- Permanent life insurance coverage that stays the same through the life of the policy
- Premiums will not increase due to changes in health or age.
- Accumulates cash value based on a nonforfeiture interest rate of 3.75%²
- Policy loans available, which can be used for emergencies
- Benefit for the beneficiary that is typically tax-free



Your cost will vary based on the amount of coverage you select.

Benefits worksheet

For use with your benefits counselor

How much coverage do you need?

YOU \$ _____

Select the option:

Paid-Up at Age 70

Paid-Up at Age 100

SPOUSE \$ _____

Select the option:

Paid-Up at Age 70

Paid-Up at Age 100

DEPENDENT STUDENT
\$ _____

Select the option:

Paid-Up at Age 70

Paid-Up at Age 100

Select any optional riders:

Spouse term rider
\$ _____ face amount for
_____ -year term period

Children's term rider
\$ _____ face amount

Accidental death benefit rider

Critical illness accelerated
death benefit rider

Guaranteed purchase option
rider

Waiver of premium
benefit rider

To learn more, talk with
your benefits counselor.

Additional coverage options (Continued)

Accidental death benefit rider

An additional benefit may be payable if the covered person dies as a result of an accident before age 70, and doubles if the injury occurs while riding as a fare-paying passenger using public transportation. An additional 25% is payable if the injury occurs while driving or riding in a private passenger vehicle and wearing a seatbelt.

Critical illness accelerated death benefit rider

If you suffer a heart attack, stroke or end-stage renal (kidney) failure, a \$5,000 benefit is payable.¹ A subsequent diagnosis benefit is included.

Guaranteed purchase option rider

This rider allows you to purchase additional whole life coverage – without having to answer health questions – at three different points in the future. The rider may only be added if you are age 50 or younger when you purchase the policy. You may purchase up to your initial face amount, not to exceed a total combined maximum of \$100,000 for all options.

Waiver of premium benefit rider

Policy and rider premiums are waived if you become totally disabled before the policy anniversary following your 65th birthday and you satisfy the six-month elimination period. Once you are no longer disabled, premiums will resume.

* Whole Life Plus is a marketing name of the insurance policy filed as "Whole Life Insurance" in most states.

- 1 Any payout would reduce the death benefit. Benefits may be taxable as income. Individuals should consult with their legal or tax counsel when deciding to apply for accelerated benefits.
- 2 Accessing the accumulated cash value reduces the death benefit by the amount accessed, unless the loan is repaid. Cash value will be reduced by any outstanding loans against the policy.

This life insurance does not specifically cover funeral goods or services and may not cover the entire cost of your funeral at the time of your death. The beneficiary of this life insurance may use the proceeds for any purpose, unless otherwise directed.

EXCLUSIONS AND LIMITATIONS: If the insured dies by suicide, whether sane or insane, within two years (one year in ND) from the coverage effective date or the date of reinstatement, we will not pay the death benefit. We will terminate this policy and return the premiums paid without interest, minus any loans and loan interest to you.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. Applicable to policy forms ICC19-IWL5000-70/IWL5000-70, ICC19-IWL5000-100/IWL5000-100, ICC19-IWL5000J/IWL5000J and rider forms ICC23-IWL5000-LTC/IWL5000-LTC, ICC19-R-IWL5000-STR/R-IWL5000-STR, ICC19-R-IWL5000-CTR/R-IWL5000-CTR, ICC19-R-IWL5000-WP/R-IWL5000-WP, ICC19-R-IWL5000-ACCD/R-IWL5000-ACCD, ICC19-R-IWL5000-CI/R-IWL5000-CI, ICC19-R-IWL5000-CC/R-IWL5000-CC, ICC19-R-IWL5000-GPO/R-IWL5000-GPO (including state abbreviations where applicable). For cost and complete details of the coverage, call or write your Colonial Life benefits counselor or the company.

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FOR EMPLOYEES 8-23 | 642298-2



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WHOLE LIFE INSURANCE PREMIUMS

Adult Base Plan Paid-up to Age 70 Non-Tobacco Rates						
Issue Age	Pay Premium	\$10,000.00	\$25,000.00	\$50,000.00	\$100,000.00	\$200,000.00
25	10-Pay Premium	\$11.84	\$29.63	\$59.24	\$118.50	\$236.99
	12-Pay Premium	\$9.87	\$24.69	\$49.37	\$98.75	\$197.49
30	10-Pay Premium	\$14.30	\$35.75	\$71.50	\$142.99	\$285.98
	12-Pay Premium	\$11.92	\$29.79	\$59.58	\$119.16	\$238.32
35	10-Pay Premium	\$17.95	\$44.87	\$89.75	\$179.50	\$358.98
	12-Pay Premium	\$14.96	\$37.39	\$74.79	\$149.58	\$299.15
40	10-Pay Premium	\$23.22	\$58.04	\$116.10	\$232.19	\$464.38
	12-Pay Premium	\$19.35	\$48.37	\$96.75	\$193.49	\$386.98
45	10-Pay Premium	\$30.68	\$76.72	\$153.44	\$306.89	\$613.78
	12-Pay Premium	\$25.57	\$63.93	\$127.87	\$255.74	\$511.48
50	10-Pay Premium	\$41.84	\$104.62	\$209.24	\$418.49	\$836.96
	12-Pay Premium	\$34.87	\$87.18	\$174.37	\$348.74	\$697.47

Adult Base Plan Paid-up to Age 100 Non-Tobacco Rates						
Issue Age	Pay Premium	\$10,000.00	\$25,000.00	\$50,000.00	\$100,000.00	\$200,000.00
25	10-Pay Premium	\$11.04	\$27.60	\$55.20	\$110.40	\$220.79
	12-Pay Premium	\$9.20	\$23.00	\$46.00	\$92.00	\$183.99
30	10-Pay Premium	\$12.55	\$31.37	\$62.75	\$125.50	\$250.99
	12-Pay Premium	\$10.46	\$26.14	\$52.29	\$104.58	\$209.16
35	10-Pay Premium	\$15.02	\$37.55	\$75.10	\$150.19	\$300.38
	12-Pay Premium	\$12.52	\$31.29	\$62.58	\$125.16	\$250.32
40	10-Pay Premium	\$18.61	\$46.52	\$93.05	\$186.10	\$372.18
	12-Pay Premium	\$15.51	\$38.77	\$77.54	\$155.08	\$310.15
45	10-Pay Premium	\$23.86	\$59.65	\$119.29	\$238.60	\$477.18
	12-Pay Premium	\$19.88	\$49.71	\$99.41	\$198.83	\$397.65
50	10-Pay Premium	\$30.12	\$75.30	\$150.59	\$301.19	\$602.38
	12-Pay Premium	\$25.10	\$62.75	\$125.49	\$250.99	\$501.98
55	10-Pay Premium	\$38.94	\$97.34	\$194.69	\$389.39	\$778.76
	12-Pay Premium	\$32.45	\$81.12	\$162.24	\$324.49	\$648.97
60	10-Pay Premium	\$51.55	\$128.87	\$257.74	\$515.48	\$1,030.96
	12-Pay Premium	\$42.96	\$107.39	\$214.78	\$429.57	\$859.13

 Sample rates only. Multiple choices and options available and rates may vary.

Getting started

The easiest way to manage your business with us is through ColonialLife.com. To sign up for the website, click Register at the top right of the home page and follow the instructions.

Contact us

Online

ColonialLife.com

Log in and click on

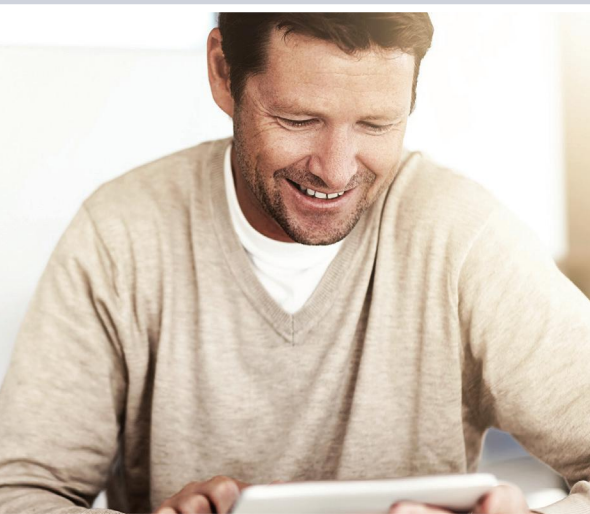
[Contact Us](#)

Telephone

1-800-325-4368

Hearing-impaired customers

Please contact the National Relay service at 711 for assistance.



ColonialLife.com

Consider your options

At Colonial Life, our goal is to give you an excellent customer experience that is simple, modern and personal. For your convenience, you can choose how you interact with us. For the quickest service, we recommend using our website, which lets you do the following:

- Review, print or download a copy of your policy/certificate by clicking on the **My Correspondence tab**.
- Update contact information or add family member profile information for use when filing online claims.
- Access service forms to make changes to your policy, such as a beneficiary change.
- Submit your claim using our eClaims system.
- Check the status of your claim and view claims correspondence.
- Access claim forms.

eClaims are quick and easy

With the eClaims feature on ColonialLife.com, you can file most claims online by simply answering a few questions and uploading your supporting documentation. You're able to spend less time on paperwork, and we're able to process your claim faster.

- From ColonialLife.com, file claims from any device. It's fast, easy and available 24/7.
- Select direct deposit to receive your benefit payment faster.
- Easily submit additional documents.

Paper claims

- If you don't want to file online, download the form you need by visiting the File a Claim page on ColonialLife.com and clicking on [claim and service forms](#).
- You may fax your claim to 1-800-880-9325.
- Follow the instructions, tips and videos to complete and submit your claim.

Authorization for Colonial Life & Accident Insurance Company

For the purpose of evaluating my application(s) for insurance submitted during the current enrollment and eligibility for benefits under any insurance issued including checking for and resolving any issues that may arise regarding incomplete or incorrect information on my application(s), I hereby authorize the disclosure of the following information about me and, if applicable, my dependents, from the sources listed below to Colonial Life & Accident Insurance Company (Colonial) and its duly authorized representatives.

Health information may be disclosed by any health care provider or institution, health plan or health care clearinghouse that has any records or knowledge about me including prescription drug database or pharmacy benefit manager, or ambulance or other medical transport service. Health information may also be disclosed by any insurance company, Medicare or Medicaid agencies or the Medical Information Bureau (MIB). Health information includes my entire medical record, but does not include psychotherapy notes. Non-health information including earnings or employment history deemed appropriate by Colonial to evaluate my application may be disclosed by any person or organization that has these records about me, including my employer, employer representative and compensation sources, insurance company, financial institution or governmental entities including departments of public safety and motor vehicle departments.

Any information Colonial obtains pursuant to this authorization will be used for the purpose of evaluating my application(s) for insurance or eligibility for benefits. Some information obtained may not be protected by certain federal regulations governing the privacy of health information, but the information is protected by state privacy laws and other applicable laws. Colonial will not disclose the information unless permitted or required by those laws.

This authorization is valid for two (2) years from its execution and a copy is as valid as the original. A copy will be included with my contract(s) and I or my authorized representative may request access to this information. This authorization may be revoked by me or my authorized representative at any time except to the extent Colonial has relied on the authorization prior to notice of revocation or has a legal right to contest coverage under the contract(s) or the contract itself. If revoked, Colonial may not be able to evaluate my application(s) for insurance or eligibility for benefits as necessary to issue my contract(s). I may revoke this authorization by sending written notice to: Colonial Life & Accident Insurance Company, Underwriting Department, P.O. Box 1365, Columbia, SC 29202.

You may refuse to sign this form; however, Colonial may not be able to issue your coverage. I am the individual to whom this authorization applies or that person's legal Guardian, Power of Attorney Designee, or Conservator.

(Printed name of individual subject to this disclosure)	(Social Security Number)	(Signature)	(Date Signed)
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If applicable, I signed on behalf of the proposed insured as _____ (indicate relationship). If legal Guardian, Power or Attorney Designee, or Conservator.

(Printed name of legal representative)	(Signature of legal representative)	(Date Signed)
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COBRA CONTINUATION OF COVERAGE

INTRODUCTION: You're getting this notice because you recently gained coverage under a group plan. This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What Is Cobra Continuation Coverage?: COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage [choose and enter appropriate information: must pay or aren't required to pay] for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.
- If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:
 - Your spouse dies;
 - Your spouse's hours of employment are reduced;
 - Your spouse's employment ends for any reason other than his or her gross misconduct;
 - Your spouse becomes entitled to Medicare benefits (under Part

A, Part B, or both); or

- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Winston-Salem Forsyth County Schools, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to:

Kim Pizzulo at kpizzulo@wsfcs.k12.nc.us. Applicable documentation will be required i.e. court order, certificate of coverage etc.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of



COBRA CONTINUATION OF COVERAGE

coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage: If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage: If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?: Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?: In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation

coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit
<https://www.medicare.gov/medicare-and-you>.

If you have questions: Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes: To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

Winston-Salem Forsyth County Schools
475 Corporate Square Drive
Winston-Salem, NC 27105

COBRA Administrator for FSA Coverage

Ameriflex
2508 Highlander Way, Suite 200
Carrollton, TX 75006
Fax: 609-257-0136

COBRA Administrator for Vision Coverage

Winston Salem Forsyth County Schools
(c/o Forrest T Jones & Company, Inc.)
PO Box 418131
Kansas City, MO 64141-8131

COBRA Administrator for Dental Coverage

Winston Salem Forsyth County Schools
Flexible Benefits Administrators
PO Box 2070
Virginia Beach, VA 23450



PRIVACY NOTICES

Non Public Information (NPI)

We collect Non Public Information (NPI) about our customers to provide them with insurance products and services. This may include telephone number, address, date of birth, occupation, income and health history. We may receive NPI from your applications and forms, medical providers, other insurers, employers, insurance support organizations, and service providers.

We share the types of NPI described above primarily with people who perform insurance, business, and professional services for us, such as helping us pay claims and detect fraud. We may share NPI with medical providers for insurance and treatment purposes. We may share NPI with an insurance support organization. The organization may retain the NPI and disclose it to others for whom it performs services. In certain cases, we may share NPI with group policy holders for reporting and auditing purposes. We may share NPI with parties to a proposed or final sale of insurance business or for study purposes. We may also share NPI when otherwise required or permitted by law, such as sharing with governmental or other legal authorities. When legal necessary, we ask your permission before sharing NPI about you our practices apply to our former, current and future customers.

Please be assured we do not share your health NPI to market any product or service. We also do not share any NPI to market non financial products and services. For example, we do not sell your name to catalog companies.

The law allows us to share NPI as described above (except health information) will affiliates to market financial products and services. The law does not allow you to restrict these disclosures. We may also share with companies that help us market our insurance products and services, such as vendors that provide mailing services to us. We may share with other financial institution to jointly market financial products and services. When required by law, we ask your permission before we share NPI for marketing purposes.

When other companies help us conduct business, we expect them to follow

applicable privacy laws.

We do not authorize them to use or share NPI except when necessary to conduct the work they are performing for us or to meet regulatory or other governmental requirements.

Our affiliated companies, including insurers and insurance service providers, may share NPI about you with each other. The NPI might not be directly related to our transaction or experience with you. It may include financial or other personal information such as employment history. Consistent with the Fair Credit Reporting Act, we ask your permission before sharing NPI that is not directly related to our transaction or experience with you.

We have physical, electronic and procedural safeguards that protect the confidentiality and security of NPI. We give access only to employees who need to know the NPI to provide insurance products or services to you.

You may request access to certain NPI we collect to provide you with insurance products and services, You must make your request in writing and send it to the address, telephone number and policy number if we have issued a policy. If you request, we will send copies of the NPI to you. If the NPI includes health information, we may provide the health information to you through a health care provider you designate. We will also send you information related to disclosures. We may charge a reasonable fee to cover our copying costs. This section applies to NPI we collect to provide you with coverage. It does not apply to NPI we collect in anticipation of a claim or civil or criminal proceeding.

If you believe NPI we have about you is incorrect, please write us. Your letter should include your full name, address, telephone number and policy number if we have issued a policy. Your letter should also explain why you believe the NPI is inaccurate. If we agree with you, we will correct the NPI and notify you of the correction. We will also notify any person who may have received the incorrect NPI from us in the past two years if you ask us to contact that person.

If we disagree with you, we will tell you we are not going to make the correction, We will give the reason(s) for our refusal. We will also tell you that you may submit a statement to us.

Your statement should include the NPI you believe is correct. It should also include the reasons(s) why you disagree with our decision not to correct the NPI in our files. We will file your statement with the disputed NPI. We will include your statement any time we disclose the disputed NPI. We will also give the statement to any person designated by your if we may have disclosed the disputed NPI to that person in the past two years.

Disclosure Notice Concerning The Medical Information Bureau

Information regarding your insurability will be treated as confidential. Colonial or its reinsure(s) may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such company, the Bureau, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedure set forth in the federal Fair Credit Reporting Act. The address of the Bureau's information office is: 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, telephone (617) 426-3660.

Colonial or its reinsure may also release information in its file to other life insurance companies to whom you may apply for life or health insurance or to whom a claim for benefits may be submitted.



CONTINUATION OF COVERAGE

**We are committed to being there for you and your family at every stage of life.
Pierce Group Benefits makes it easy to stay protected!**

The following benefits can be self-enrolled online or by contacting the PGB Service Center, with Individual and Family coverage options available for most plans. You are eligible to sign-up the first day after the end date of your employer-sponsored plan.



**DENTAL
BENEFITS**



**VISION
BENEFITS**



**TELEMEDICINE
BENEFITS**

SUPPLEMENTAL/VOLUNTARY POLICIES



Your individual supplemental/voluntary policies through Colonial Life are portable! To transfer your benefits from payroll deduction to direct billing or automatic bank draft, please call the Service Center at 888-662-7500 within 30 days of becoming unemployed, switching careers, or retiring.

TRANSFERRING EMPLOYERS?

If you are transferring from a current PGB client to another, some benefits may be eligible for transfer. Please call the Service Center at 888-662-7500 for assistance.

Please visit www.piercergroupbenefits.com/individualcoverage or call **888-662-7500** for more information on these policies, as well as to enroll/continue your benefits.



ABOUT PIERCE GROUP BENEFITS

Pierce Group Benefits is a leading full-service employee benefits administration and consulting agency serving employer groups across the Southeast. By leveraging market strength, exclusive partnerships, and industry expertise, we deliver trusted advice, products, and solutions that benefit employers and employees alike; delivered by one team and driven by one purpose — together we can do more.



SCAN TO VIEW YOUR CUSTOM BENEFITS MICROSITE